Guidelines and Syllabus as per NEP

For

Postgraduate Diploma

(Clinical Psychology)

(In place of present Professional Diploma in CP)

M.Psy (Clinical Psychology)

(In place of present M.Phil Clinical Psychology)

Psy.D. (Clinical Psychology)

(In place of present Syllabus)

Effective from
Academic Session 2024-25

REHABILITATION COUNCIL OF INDIA
(Statutory Body of the Ministry of Social Justice & Empowerment)
Department of Empowerment of Persons with Disabilities
(Divyangjan) Government of India
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Professional Track for Education and Training in Clinical Psychology

1.0 Introduction:

The National Education Policy-2020 (NEP) provides for large-scale reforms in higher education, aiming to bring in more flexibility, shifting the focus from exam-centric to holistic and experiential, clear cut provision of entry/exit options, and portability of academic credits that enables students to shift between institutions without losing academic credit thereby boosting mobility and promoting academic excellence.

The Rehabilitation Council of India (RCI), a statutory body developing and regulating rehabilitation education and training in the country keeping consistent with the NEP's recommendation has committed to revamp all its programs in the area of disability and make it compliant with the credit system as proposed by the UGC and National Higher Education Qualifications Framework (NHEQF).

Accordingly, the professional track in clinical psychology has been modified to comply with reforms suggested by UGC and NITI Aayog. The modifications implemented benefit not only prospective students community to acquire professional skills in an incremental way, but professionals already in service and desirous of enhancing their competency for a wider role.

1.1 Key highlights of the reform:

1) Introduction of credit based system for greater flexibility
2) Provision of multiple entry/exit
3) Transportability of the credits between programs
4) Uniform course code
5) Skill-based learning through hands-on practice and real-world application
6) Enhanced skill component to a minimum 60% of the total credits as per NVEQF
7) Categorizing the level of knowledge and skill acquired as per Competency Framework for facilitating the recruitment for relevant role
8) Updating each course with recent advances in the area
9) Introducing a set of measures for objective evaluation and grading of academic and hands-on training components uniformly
10) Introducing a system of regular feedback of faculty performance by trainees

2.0 Programs offered under Clinical Psychology track:

1) PG Diploma (Postgraduate Diploma) - 1 year full-time (NHEQF Level 6.5)
2) M.Psy (Master of Psychology) - 2 year full-time (NHEQF Level 7)
3) Psy.D. (Doctor of Psychology) - 4 year full-time (NHEQF Level 8)

2.1 Course Credit Point Structure

Computation of Credit/Credit hours/Marks /Time duration of Final Examination

All programs (Diploma, Masters and Doctoral level) in Clinical Psychology are being offered on annual, regular and full-time.

Total requirement of credits for Professional Programs in Psychology is considered as 60 Credits per academic year /session (24 (40%) credits for theory/tutorial (direct learning) and 36 (60%) credits for practical/skill (hands-on and experiential learning).

1 Credit = 1 Theoretical class of 1- hour duration (Direct learning)
1 Credit = 1 Tutorial class of 1- hour duration (Direct learning)
1 Credit = 1 Practical class of 2 – hour duration (Indirect learning)

Total number of class days per annum is 240 days and total instructional hour per day is 6 hr. Thus, total instructional credit hour per annum is 1440 (24 x 15 hr. =360 hr. for theory/tutorial, and 36 x 30 hr. = 1080 hr. for practical).

1 Credit = 12.5 External Marks (year-end exam)
6 Credit = 12.5 x 6=75 Marks
Duration of Examination of Theoretical papers up to 75 marks (Time credit 6) = 3 hour

2.2 Credit requirement:

PG Diploma (Clinical Psychology):

Duration – 1 academic year
Number of Credit – 60
Theory – 24 Credits
Practical – 36 Credits
No. of Credit hours – 1440

M.Psy (Clinical Psychology):

Duration – 2 academic years
Number of Credit – 120
Theory – 48 Credits
Practical – 72 Credits
No. of Credit hours – 2880

Psy.D. (Clinical Psychology)

Duration – 4 academic years
Number of Credit – 180
Theory – 72 Credits
Practical – 108 Credits
No. of Credit hours – 4320
No. of non-credit course – 2

Pathway for Professional Education and Training in Clinical Psychology
At Different Levels as per NEP

2.3 Course Pathways:

Course Code	Course Name	Credit Points	Credit Hours	Year	Award	Award	Award
PSYC1C1	Psychosocial Determinants of Mental Health and Illness	6	90	1	PG Diploma (Clinical Psychology)	M.Psy (Clinical Psychology)	Psy.D. (Clinical Psychology)
PSYC1C2	Psychopathology	6	90	1			
PSYC1C3	Psychiatry	6	90	1			
PSYC1C4	Psychotherapy & Counseling	6	90	1			
PSYC1P1	Practical-1: Psychological Assessments	10	300	1			
PSYC1P2	Clinical Placement – 1	10	300	1			
PSYC1P3	Clinical Placement – 2	10	300	1			
PSYC1P4	Submission-1: Psychodiagnostic Records	6	180	1			
PSYC2C1	Biological Determinants of Behavior & Neuropsychology	6	90	2			
PSYC2C2	Behavioral Medicine	6	90	2			
PSYC2C3	Interventions for Special Populations	6	90	2			
PSYC2C4	Advanced Applied Statistics and Research Methods	6	90	2			
PSYC2P1	Practical-2: Neuropsychological Assessment	5	150	2			
PSYC2P2	Practical-3: Advanced Interventions	10	300	2			
PSYC2P3	Clinical Placement – 3	10	300	2			
PSYC2P4	Submission-2: Psychotherapy Records	6	180	2			
PSYC2R1	Submission-3: Research Thesis	5	150	2			
	Advanced Proficiency in Subspecialties						
PSYC3C1	Elective-1: Key Concepts, Techniques & Interventions	6	90	3			
PSYC3C2	Elective-1: Recent Advances & Professional Development	6	90	3			
PSYC3C3	Elective-2: Key Concepts, Techniques & Interventions	6	90	3			
PSYC3C4	Elective-2: Recent Advances & Professional Development	6	90	3			
PSYC3P1	Practical-4: Intervention Skills (Elective - 1)	5	150	3			
PSYC3P2	Practical-5: Intervention Skills (Elective - 2)	5	150	3			
PSYC3P3	Clinical Placement – 4 (Elective - 1)	10	300	3			
PSYC3P4	Clinical Placement – 5 (Elective - 2)	10	300	3			
PSYC3P5	Submission-4: Video Recording of Therapy Session (Elective -1)	3	90	3			
PSYC3P6	Submission-5: Video Recording of Therapy Session (Elective -2)	3	90	3			
PSYC4P1	Rotation Internship	-	-	4			
PSYC4R2	Submission-6: Research Dissertation	-	-	4			

1) The Psy.D.(Clinical Psychology) is a "nested" suite with two early exit points. The Postgraduate Diploma is "nested" within the M.Psy Clinical Psychology. The M.Psy Clinical Psychology is "nested" within the Psy.D.

2) The trainees enrolled in the Postgraduate Diploma, if eligible (see other criteria), can apply to transfer into the M.Psy upon successful completion of the course in first attempt with 65% marks in aggregate.

3) The trainees enrolled in the M.Psy, if eligible (see other criteria), can apply to transfer to the Psy.D. upon successful completion of the course in first attempt with 65% marks in aggregate.

4) The trainees enrolled in the Psy.D. have an option of exiting either at Year-I or Year-II after completion of the university exam and be awarded either with Postgraduate Diploma or M.Psy depending on the completed year and eligibility.

5) The trainees enrolled in the Psy.D. but exited after successful completion of Year-I or Year-II in the first attempt with 65% marks in aggregate, if eligible (see other criteria), can apply within three academic years, from the academic session of exit, to transfer the credits of Postgraduate Diploma (exited after the completion of Year-I final exam) or M.Psy (exited after the completion of Year-II final exam) and continue the course.

All trainees commence the program together.

2.4 Entry criteria for professional track in Clinical Psychology

2.4.1 Direct Entry (Applicable to all the Programs mentioned below):

1) PG Diploma (Clinical Psychology) - 1 year full-time (NHEQF Level 6.5)
2) M.Psy (Clinical Psychology) - 2 years full-time (NHEQF Level 7)
3) Psy.D. (Clinical Psychology) - 4 years full-time (NHEQF Level 8)

A) Educational Qualification:

UGC recognized Bachelor's Degree (Hons) of 4-years duration (8 semesters) (NHEQF 6) in subject Psychology (as a core subject) with a minimum grade average of 60% (or equivalent grade as per UGC norms) and successfully qualifying in the entrance test and interview by a panel assessing proficiency and knowledge.

OR

UGC recognized Masters' Degree in any branch of Psychology of 2-year duration (4 semesters) (NHEQF 6.5) after obtaining a 3-year duration Bachelor's Degree with Psychology as one of the major/core subjects in all three years of Bachelor's Degree, with a minimum grade average of 60% (or equivalent grade as per UGC norms) and successfully qualifying in the entrance test and interview by a panel assessing proficiency and knowledge.

OR

UGC recognized Masters' Degree in any branch of Psychology of 1-year duration (2 semesters) (NHEQF 6.5) after obtaining a 4-year duration Bachelor's Degree (Hons) in Psychology, with a minimum grade average of 60% (or equivalent grade as per UGC norms) and successfully qualifying in the entrance test and interview by a panel assessing proficiency and knowledge.

B) Credit requirement:

Minimum 160 credits hours of study in Psychology as per UGC norms. Of this, 60% credit hours shall be on modules related to the following courses.

1) **Core courses (Basic content areas of scientific psychology):** Systems/schools of psychology, Developmental psychology, Social psychology, Physiological psychology, Theories of learning, Brain and Cognition, Theories of Personality

2) **Foundations courses**: Adult personality and psychopathology, Child and Adolescent Psychopathology, Abnormal psychology, Health psychology, Clinical neuropsychology, Equity, diversity and inclusion, Vocational rehabilitation, Psychosocial rehabilitation interventions, Community mental health, School mental health, Neurodevelopmental disorders, Socio-cultural issues in health and illness, Positive psychology

3) **Modular courses (Practice of Psychology):** Psychotherapeutic methods, Psychological Assessment, Personality assessment, Counseling skills and techniques, Cognitive behavior therapy, Applied Behavior Analysis, Interviewing skills and techniques, Behavior modification technique, Biofeedback technique

4) **Research**: Introduction to statistics and measurement, Applied Statistical methods, Psychological testing and measurement, Bachelor/Masters level thesis and research

C) Desired traits and qualities:

Work Ethics, Authenticity, Integrity, Commitment, Attention to detail, Critical thinking, Positive attitude, Empathy, Confidence, Flexibility, Communication skills, Leadership, Passion, Teamwork, Compassion, Autonomy, Accountability, Respect, Positive engagement

2.4.2 Lateral Entry:

A) Those have completed Professional Diploma in Clinical Psychology of 1-yr duration, no more than three years prior to the admission year from RCI recognized centers, in the first attempt with minimum 65% marks in aggregate and having valid CRR and in professional practice without any disruption, with no legal and professional complaints, are eligible to join from Year-2 and continue. There will be a separate entrance exam for such candidates.

B) Those have completed M.Phil Clinical Psychology of 2-yr duration, no more than three years prior to the admission year from RCI recognized centers, in the first attempt (both Part-1 and Part-2) with minimum 65% marks in aggregate and individually in Part-1 and Part-2, having valid CRR and in professional practice without any disruption, with no legal and professional complaints, are eligible to join Psy.D. from Year-3 and continue. There will be a separate entrance exam for such candidates.

3.0 Professional responsibilities and opportunities

3.1 PG Diploma (Clinical Psychology):

The candidates on successful completion of 1-yr. Postgraduate Diploma (Clinical Psychology) can register with RCI as ***"Clinical Psychologist (Associate)"*** under CRR and function in a variety of service settings (non-teaching) as specialist.

The Associate Clinical Psychologists are distinguished from fully trained professional Clinical Psychologists by the nature and duration of the training in various domains of professional competency. Associate Clinical Psychologists are not trained to offer therapeutic intervention in special population including those having comorbid medical conditions with mental health issues. Similarly, Associate Clinical Psychologists are not trained in Neuropsychological evaluation and Neurorehabilitation of brain-lesioned and /or cognitively impaired. Since Statistics and Research Method and hands-on empirical research are not part of Postgraduate Diploma program, professionals with this qualification are considered not adept to undertake clinical research – funded and not-funded. Because of these reasons Associate Clinical Psychologists are not considered for faculty position in academic settings and these are in need of further training.

However, this cadre of professionals is considered competent by their education and training to offer and involve in a broad range of clinical psychology service activities such as, assessment of intelligence, memory, personality, for psychodiagnostic purposes, stress & coping style and a variety of clinical ratings of psychiatric symptoms/syndromes. Associate Diploma qualified professionals can offer a variety of routine counseling such as individual/group/family/marital/sex, and conduct psychotherapies in various settings viz. hospitals, OP/extension clinics and community.

Associate Psychologists can be employed as an underfill class for existing Clinical Psychologist positions under State and Central Government sectors. However, the role in such appointments is limited for providing clinical services to clients with mental illness and does not involve independent responsibilities in academic activities such as teaching/training/guiding/supervising students of clinical psychology at the academic departments, and independently issuing or authenticating any kind of certificate for medico-legal purposes and for the purpose of providing accommodation by the school in case of SLD/ADHD etc. In these activities Diploma qualified may be assigned roles of clinical assistant and/or teaching assistant or junior consultant as deemed fit in teaching/training centers.

Graduates of this cadre may apply for entry intoYear-2 of M.Psy (Clinical Psychology) program, if they meet the eligibility criteria. The candidates working in the field with RCI registration having qualification 'Professional Diploma in Clinical Psychology' are also eligible to apply for M.Psy (Clinical Psychology) if they meet the eligibility criteria.

3.2 M.Psy (Clinical Psychology):

Candidates who satisfactorily complete 2-yr. M.Psy (Clinical Psychology) can register with RCI as ***"Clinical Psychologist"*** under CRR and function independently as trained professional in the field.

The Masters course is developed as a rigorous two-year program with extensive theoretical inputs and widespread clinical experience to acquire the necessary skills in the area of Clinical Psychology. Registered candidates should have the professional capabilities to critically review and effectively utilize the knowledge of the major schools of counselling and psychotherapy and

relevant research in assessment and treatment planning, while working with a range of problems across the life span.

Masters qualified clinical psychologists can be employed both as faculty member and as professional expert in a variety of settings including institute of mental health, medical college and hospital, community health centers, schools and colleges, psychosocial and neurorehabilitation centers, child protection, family courts and family support counselling services, allied clinics and services, and private practice.

Graduates of M.Psy (Clinical Psychology) and M.Phil Clinical Psychology may apply for entry into Year-3 of Psy.D. Clinical Psychology program, if they meet the eligibility criteria.

3.3 Psy.D. (Clinical Psychology):

The 4-yr. Psy.D. (Clinical Psychology) is a comprehensive degree in professional Clinical Psychology education and is grounded in the practitioner-scholar model which is viewed as an advanced educational and operational model focused on practical application of scholarly knowledge. The program is committed to assisting the trainee in developing the essential knowledge base, attitudes, and therapeutic skills necessary to function as senior consultant, researcher, supervisor and trainer "Clinical Psychologist" with CRR registration under RCI.

Clinical training is central to Psy.D. (Clinical Psychology). Although not designed to produce researchers, the Psy.D. (Clinical Psychology) program teaches candidates to be educated consumers and early practitioners of research. To reach this goal, they have both academic training and personal experience in advanced research methods and statistics through research dissertation. Psy.D. qualified professionals can undertake independent clinical and non-clinical research and Guide Ph.D. and Psy.D. candidates from the beginning of their academic/professional career.

During the course a trainee completes more than 4,000 hours (over 3yr.) of clinical training with direct client contact, including advanced competency in two elective areas under direct supervision by senior doctoral (Psy.D./Ph.D.) level clinical psychologists as the faculty. The clinical training, thus is expected to be of higher level and provide the trainees with experiences that ensure depth and breadth of clinical interventions, diversity of clients, the opportunity to develop therapeutic competencies that integrate their theoretical knowledge with direct client experience, and the development of several core competencies in professional psychology including;

* Professional Expertise in Subspecialties
* Interdisciplinary Integration through Extra-institutional Postings
* Management and Advocacy Skills through year-long Rotation Internship
* Legal and Ethical Competence through Advanced Training

Additional 2,000 hours of rotation internship experience in fourth year of the course culminate in the professional foundations for clinical psychology practice integrating various components of the program.

Psy.D. (Clinical Psychology) graduates are eligible to gain employment as Consultant Clinical Psychologist and as faculty in any academic institute, medical college, general hospital, schools and colleges, institute of mental health, private practice, and as professional members in large and small academic organizations, leader-managers in human service organizations, faculty in higher education and principal investigator in research projects, head/coordinator of clinical psychology training programs recognized by the RCI.

3.4 Distinction among the Professionals:

The competency level of Associate Clinical Psychologists could be placed at the level 'Basic and Capable'. They are knowledgeable of the specified activity and its concepts. They can carry out standard relevant tasks confidently and consistently without supervision. With experience they may even supervise others. However, they are likely to need to seek advice before carrying out more complex or non-standard tasks.

Whereas competency of Masters level Clinical Psychologists could be at the 'Accomplished and Expert" level. They are expected to have the knowledge and experience to carry out complex, specialist or non-standard tasks confidently and consistently. They will be aware of alternative approaches and can provide guidance, instruction and advice on the activity to others.

Competency level of Consultant Clinical Psychologists, qualified at Doctoral level could be at the 'Authoritative' level. They will be widely recognized as a trustworthy/authentic, in their own organization as well as by external peers, for the knowledge and experience they demonstrate.

4.0 Examination

4.1 Scheme of Examination:

Year – 1

Course Code	Course Name	Duration	Marks		
			External Assessment (Maximum)	Internal Assessment (Maximum)	Total
PSYC1C1	Psychosocial Determinants of Mental Health and Illness	3 hr.	75	25	100
PSYC1C2	Psychopathology	3 hr.	75	25	100
PSYC1C3	Psychiatry	3 hr.	75	25	100
PSYC1C4	Psychotherapy & Counseling	3 hr.	75	25	100
PSYC1P1	Practical-1: Psychological	-.	75	25	100
PSYC1P2	Assessments	-	-	100	100
PSYC1P3	Clinical Placement – 1	-	-	100	100
PSYC1P4	Clinical Placement – 2	-	75	25	100
	Submission-1: Psychodiagnostic Records				
Total					800

Year-2

Course Code	Course Name	Duration	Marks		
			External Assessment (Maximum)	Internal Assessment (Maximum)	Total
PSYC2C1	Biological Determinants of Behavior and Neuropsychology	3 hr.	75	25	100
PSYC2C2	Behavioral Medicine	3 hr.	75	25	100
PSYC2C3	Interventions for Special Populations	3 hr.	75	25	100
PSYC2C4	Advanced Applied Statistics and Research Methods	3 hr. _.	75	25	100 100
PSYC2P1	Practical-2:Neuropsychological Assessment	_	75	25	100
PSYC2P2	Practical-3:Advanced Interventions	_	75	25	100
PSYC2P3	Clinical Placement – 3	_	_	100	100
PSYC2P4	Submission-2: Psychotherapy Records	_	75	25	100
PSYC2R1	Submission-3: Research Thesis	_	75	25	100
				Total	1000

Year – 3

Course Code	Course Name	Duration	Marks		
			External Assessment (Maximum)	Internal Assessment (Maximum)	Total
PSYC3C1	Elective-1: Key Concepts, Techniques & Interventions	3 hr.	75	25	100
PSYC3C2	Elective-1: Recent Advances & Professional Development	3 hr.	75	25	100
PSYC3C3	Elective-2: Key Concepts, Techniques & Interventions	3 hr.	75	25	100
PSYC3C4	Elective-2: Recent Advances & Professional Development	3 hr.	75	25	100
PSYC3P1	Practical-4: Intervention Skills (Elective-1)	_	75	25	100
PSYC3P2	Practical-5:Intervention Skills (Elective -2)	_	75	25	100
PSYC3P3	Clinical Placement – 4 (Elective -1)	_	_	100	100
PSYC3P4	Clinical Placement – 5 (Elective -2)	_	_	100	100
PSYC3P5	Submission-4: Video Recording of Therapy Session (Elective -1)	_	75	25	100
PSYC3P6	Submission-5: Video Recording of Therapy Session (Elective -2)	_	75	25	100
				Total	1000

Year-4

Course Code	Course Name	Duration	Marks		
			External Assessment (Maximum)	Internal Assessment (Maximum)	Total
PSYC4P1	Rotation Internship	-	-	-	-
PSYC4R1	Submission-6: Research Dissertation	-	-	-	-

4.2: **Minimum for Pass**:

4.2.1 A candidate shall be declared to have passed the year-end final examination of Year-1, 2 or 3, if he/she obtains not less than 50% of the marks (internal and external marks combined and average among the examiners) in:

1. Each of the theory papers
2. Each of the practical and viva-voce examinations
3. Each of the clinical placements
4. Each of the submissions
5. Research thesis (in case of Year-2)

4.2.2 Trainees securing 75% and above in aggregate shall be declared as "Distinction" and between 65 and 75% in aggregate as "I Class".

4.2.3 Trainees who failed to pursue the course on continuous basis (irrespective the reasons) and those fails or absent from appearing in any of the exam of any year shall not be awarded the merit class (Distinction/I Class).

4.2.4 Non-credit courses such as 'Rotation Internship' (Year-4 of Psy.D.) will be indicated as "Satisfactory" or "Unsatisfactory", and 'Research Dissertation' will be indicated as "Accepted" or "Not-Accepted" instead of the letter grade or absolute marks, and this will not be counted for the computation of SGPA/CGPA.

4.2.5 SGPA and CGPA shall be calculated as per UGC guidelines with Grade and Grade Points as appended below.

Letter Grade	Grade Point
O (Outstanding)	10
A+ (Excellent)	9
A (Very Good)	8
B+ (Good)	7
B (Above Average)	6
C (Average)	5
P (Pass)	4
F (Fail)	0
Ab (Absent)	0

4.3: **Appearance for each Examination**

4.3.1 The final examination with external examiner/s as specified in each Program shall be held twice (Main examination and Supplementary examination) in an academic year/session with a minimum of 3 months interval between the examinations.

4.3.2 The Main examination shall be held at the end of academic year/session, and the Supplementary examination shall be held at the mid of academic year/session, with an interval of minimum 3 months between the exams.

4.3.3 A candidate shall appear for all the examinations when appearing for the first time; partial appearance is not allowed.

4.3.4 A candidate failing in any course (theory/practical/research/clinical placement/ submission) has to reappear in that course whenever the examination is held next.

4.3.5 A candidate will not be allowed to take the Year-2 examination unless he/she has passed the Year-1examination, likewise not allowed to take Year-3 examination without passing Year-2 examinations.

4.3.6 A candidate who has failed in Year-1 examination is allowed to continue the training of Year-2 and permitted to take the supplementary Year-1 examination. Likewise a candidate may be allowed to continue the training of Year-3 on failing in Year-2 examination and permitted to take supplementary Year-2 examination.

4.3.7 A candidate is NOT allowed to begin Internship training of Year-4 unless he/she has passed all the examination of Year-3.

4.3.8 A candidate will NOT be allowed to start data collection prior to having passed the Year-3 exams (Elective-1 and II).

4.3.9 A candidate has to complete the course successfully and become eligible to award of the Degree within a period of three/four/five years, in PG Diploma, M.Psy and Psy.D. programs respectively, from the year of admission to the course.

4.3.10 No candidate shall be permitted to appear either of Year-1, 2, 3 and 4 examinations more than three times.

5.0 Internal Assessment

In each paper 25% marks will be determined on the basis of theory/practical exams and viva-voce. These marks will be added to the marks allocated to the respective paper in the year-end examinations. The results of the final examinations will be declared on the basis of the total (internal and external) so obtained. The guidelines for allotting the internal marks may be prepared by the institution concerned.

Year – 1

PSYC1C1: Psychosocial Determinants of Mental Health and Illness

(Credit points: 6, Credit hours: 15 x 6 = 90)

Aim:

The psychosocial perspectives attempt to understand human cognition, motives, perceptionsand behavior as well as their aberrations as product of an interaction amongst societal, cultural, familial and religious factors. The overall aim is to introduce conceptualizations ofmental health problems within the psychosocial framework, giving due considerations to contextual issues. Each unit in this paper pays attention to the different types of causal factorsconsidered most influential in shaping both vulnerability to psychopathology and the form that pathology may take.

Objectives:

By the end of the course, trainees are required to:

1. Demonstrate a working knowledge of the theoretical application of the psychosocial model to various mental disorders.
2. Make distinctions between universal and culture-specific disorders paying attention to different types of sociocultural causal factors.
3. Demonstrate an awareness of the range of mental health problems with which clients present to services, as well as their psychosocial/contextual mediation.
4. Carry out the clinical work up of clients with mental health problems and build psychosocial formulations and interventions, drawing on their knowledge of psychosocial models and their strengths and weaknesses.
5. Apply and integrate alternative or complementary theoretical frameworks, for example, biological and/or religious perspectives, sociocultural beliefs and practiceetc. in overall management of mental health problems.
6. Describe, explain and apply current code of conduct and ethical principles that apply to clinical psychologists working in the area of mental health and illness.
7. Describe Mental Health Acts and Policies, currently prevailing in the country and their implications in professional activities of clinical psychologists.

Academic Format of Units:

Learning would be mainly through clinical workup of clients presenting with range of mental health problems by the trainees and supplemented by lectures, seminars and tutorials, allowing trainees to participate in collaborative discussion.

Evaluation:

Theory – involving long and short essays

Syllabus:

Unit-I: Mental health care – concept of mental health and illness in the past, present; stigma and attitude towards mental illness; epidemiological studies in Indian context; socio-cultural correlates of mental illness and wellness, psychological well-being and quality of life.

Unit-II: Self and relationships: Self-concept, self-image, self-perception and self-regulations in mental health and illness; learned helplessness and attribution theories; social skill model; interpersonal and communication models of mental illness; stress diathesis model, resilience, coping and social support.

Unit-III: Family influences: Early deprivation and trauma; neglect and abuse; attachment;separation; inadequate parenting styles; parental mental illness, grief, marital discord and divorce; maladaptive peer relationships; communication style; family burden; emotional adaptation; expressed emotions and relapse.

Unit-IV: Societal influences: Discrimination in race, gender and ethnicity; social class and structure, poverty and unemployment; prejudice, social change and uncertainty; crime and delinquency; social tension & violence; urban stressors; torture & terrorism; culture shock; migration; religion & gender related issues with reference to India.

Unit-V: Disability and Rehabilitation: Definition and classification of disability; psychosocial models of disability; impact, needs and problems; issues related to assessment/certification of disability; approaches and intervention strategies to psychosocial rehabilitation; community aspects of rehabilitation; rehabilitation processes; models of adaptation to disability; family and caregivers issues.

Unit-VI: Rights issue: Importance of UNCRPD; empowerment issues; rights of disabled; support/assistance from the Government through Policies and Acts (Mental Health Care Act, Persons with Disabilities Act, National Trust Act, RCI Act, Juvenile Justice Act, POCSO, NMHP etc.); ethical and legal issues in Psychology practice; contemporary challenges; ethics and professional code of conduct as outlined by RCI and APA.

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World Health Organization (2010) *Community-based rehabilitation: CBR guidelines*, (Eds.) Khasnabis, C. et al.: Geneva.

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PSYC1C2: Psychopathology

(Credit points: 6, Credit hours: 15 x 6 = 90)

Aim:

The aim of this course is to explore problems related to mental health: how to understand, how to classify, and how to manage mental health issues. Course focuses on theoretical models of abnormal behavior as they relate to the definition, etiology, and treatment of mental disorders. Diagnostic classification and behavioral and biological features of the major syndromes of psychopathology are emphasized. The topic extends from research to treatment and covers every step in between.

Objectives:

By the end of the course, trainees demonstrate:

1. Competence to see the ICD/DSM as synopses of available knowledge and diagnostic algorithms the primary purpose of which is to organize information in a structure and meaningful way to be used for clinical purposes, and has merits and demerits

2. Use classificatory system effectively to assess and formulate symptoms in order to provide empirically-supported and evidence-based services

3. Acknowledge that what patients manifest is not a series of mutually independent, isolated symptoms, but rather a certain structure of interwoven experiences, beliefs, and actions, all permeated by biographical details

4. An understanding that what stands in front of the clinician is not an amorphous agglomerate of symptoms, but a person with a specific, meaningful and some extent a coherent 'form of life'.

5. Knowledge that psychopathology or mental symptoms do not simply have subpersonal causes, but also have a personal feel and meaning, preserves the individuality and uniqueness of the suffering person.

6. See abnormal phenomena not as symptoms caused by a dysfunction to be treated, but additionally includes the exploration of personal meanings which should be part and piece of a thorough psychiatric assessment.

7. Finally, understands psychopathology as the discipline that assesses and makes sense of abnormal human subjectivity.

Academic Format of Units:

Learning would be mainly through clinical workup of clients presenting with range of mental health issues, and supplemented by lectures, seminars and tutorials, allowing trainees to participate in collaborative discussion.

Evaluation:

Theory – involving long and short essays, case workups and formulating cases for diagnostic and intervention purposes

Syllabus:

Unit-I: Introduction – Development and risk factors to psychopathology; lifespan issues in psychopathology, diagnosis and classification of psychological disorders; clinical criteria of abnormality; continuity (dimensional) versus discontinuity (categorical), and prototype models of psychopathology;

Unit-II: Classification and taxonomies – needs, rationale, principles and methods of psychological diagnosis, reliability and utility; critical examination of major diagnostic systems and diagnostic criteria, classificatory systems that are currently in use and their advantages and limitations; assessment and formulation of the disorders in order to provide empirically-supported and evidence-based services;

Unit-III: Approach to clinical interviewing and diagnosis; case history; mental status examination - disorder of various individual domains viz. consciousness, appearance; cognition, speech, thought, mood, affect, perception, volition, and insight and their manifestation in various disorders; organization and presentation of psychiatric history; diagnostic formulation.

Unit-IV: Psychodynamic; behavioral; cognitive; humanistic-existential; phenomenological; interpersonal; psychosocial; and other prominent theories/models of principal clinical disorders and problems of adults viz. anxiety, obsessive-compulsive, somatoform, dissociative, adjustment, sexual, substance use, personality, suicide, psychotic, mood disorders, culture-specific disorders and others

Unit-V: Clinical disorders and problems of childhood and adolescence; child mental health theories; concept of multifinality; attachment theory; parent-child relationship; systemic and developmental concepts; role of temperament, self-esteem, coping skills, family rearing, negative learning experiences, stress and biological factors such as hormone, genetics in the etiology of child psychopathology, gender related isssues

Unit-VI: Indian thoughts: Concept of mental health and illness; nosology and taxonomyof mental illness; social identity and stratification (Varnashrama Vyawastha); concept of – cognition, emotion, personality, motivation and their disorders.

References:

Textbooks – None; reading will be from the primary literature (Journal articles and book chapters). Suggested are:

Achenback, T. M. (1974). *Developmental psychopathology*. New York: Ronald Press.

Buss, A. H. (1966). *Psychopathology*. New York: John Wiley & Sons.

Cole, J. O. & Barrett, J.E. (1980). *Psychopathology in the aged*. New York: Raven Press.

Fish, F., & Hamilton, M. (1979). *Fish's clinical psychopathology.* Bristol: John Wright & Sons.

Millon, T., Blaney, P.H. & Davis, R.D. (1999). *Oxford textbook of psychopathology*. NewYork: Oxford University.

PSYC1C3: Psychiatry

(Credit points: 6, Credit hours: 15 x 6 = 90)

Aim:

The aim is to train in conceptualization of psychopathology from different etiological perspectives, eliciting phenomenology and arrive at the clinical diagnosis following a classificatory system and propose/carry out psychological interventions including psychosocial treatment/management for the entire range of psychological disorders. Also, to train in assessing the caregivers' burden, disability and dysfunctions that are often associated with mental disorders and intervene as indicated in a given case.

Objectives:

By the end of the course, trainees are required to demonstrate ability to:

1. Demonstrate an understanding of a clinically significant behavioral and psychological syndrome, and differentiate between child and adult clinical features/presentation.

2. Understand that in many ways the culture, societal and familial practices shape the clinical presentation of mental disorders, and understand the role of developmental factors in adult psychopathology.

3. Carryout the clinical work up of clients presenting with a range of mental health problems and make clinical formulations/diagnosis drawing on their knowledge of a pertinent diagnostic criteria and phenomenology.

4. Summarize the psychosocial, biological and sociocultural causal factors associated with mental health problems and neuropsychological disorders with an emphasis on biopsychosocial and other systemic models.

5. Carryout with full competence the psychological assessment, selecting and using a variety of instruments in both children and adults.

6. Describe various intervention programs in terms of their efficacy and effectiveness with regard to short and longer term goals, and demonstrate beginning competence in carrying out the indicated interventions, monitor progress and outcome.

7. Discuss various pharmacological agents that are used to treat common mental disorders and their mode of action.

8. Demonstrate an understanding of caregiver, and family burden and their coping style.

9. Assess the disability/dysfunctions that are associated with mental health problems, using appropriate measures.

10. Discuss the medico-legal and ethical issues in patients requiring chronic care and institutionalization.

Academic Format of Units:

Learning would be mainly through clinical workup of clients presenting with range of mental health problems, and supplemented by lectures, seminars and tutorials, allowing trainees to participate in collaborative discussion.

Evaluation:

Theory – involving long and short essays, practical/clinical exam in psychological assessment of psychiatric cases and comprehensive viva.

Syllabus:

Unit-I:	Psychoses and neurotic disorders: Schizophrenia, affective disorders, delusional disorders and other forms of psychotic disorders; neurotic, stress-related and somatoform disorders; types, clinical features, etiology and management of all the above
Unit- II:	Disorders of personality and behavior: Specific personality disorders; mental &behavioral disorders due to psychoactive substance use; habit and impulse disorders; sexual disorders and dysfunctions – types, clinical features, etiology and management.
Unit-III:	Organic mental disorders: Dementia, delirium and other related conditions withneuralgic and systemic disorders – types, clinical features, etiology and management.
Unit-IV:	Behavioral, emotional and developmental disorders/condition of childhood and adolescence including intellectual disability: types, clinical features, etiology and management.
Unit-V:	Neurobiology of mental disorders and current therapeutics: Theories of psychosis, mood disorders, suicide, anxiety disorders, substance use disorders and other emotional and behavioral syndromes; Psychotropic drugs; ECT; psychosurgery, psychological therapies; rehabilitation strategies – half-way home,sheltered workshop, daycare, and institutionalization.
Unit-VI:	Liaison psychiatry and subspecialties: Liaison in general hospital and primary care setting; specialties – social, geriatric, child, forensic, addiction and other branches

References:

Gelder, M., Gath, D., & Mayon, R. (1989). *Oxford Textbook of Psychiatry* (2nd ed.). NewYork: Oxford University Press.

Kaplan, B. J. & Sadock, V. A., (1995). *Comprehensive Textbook of Psychiatry* (6th ed.). London: William & Wilkins.

Jahan, M. (2016). *Mansik Rog*, Ahuja Publishing House, New Delhi.

Rutter, M. & Herson, L. (1994). *Child and Adolescent Psychiatry: Modern approaches,* (3rd ed.). London: Blackwell Scientific Publications.

Sims, A. & Bailliere, T. (1988). *Symptoms in mind: Introduction to descriptive psychopathology*. London: WB Saunders.

Vyas, J. N. & Ahuja, N. (1999). *Textbook of postgraduate psychiatry* (2nd ed., Vols. 1-2). New Delhi: Jaypee Brothers.

PSYC1C4: Psychotherapy and Counseling

(Credit points: 6, Credit hours: 15 x 6 = 90)

Aim:

Impart knowledge and skills necessary to carry out psychological interventions in mental health problems with required competency. As a prelude to problem-based learning within a clinical context, the trainees are introduced to factors that lead to development of an effectiveworking therapeutic alliance, pre-treatment assessment, setting therapy goals, evaluation of success of therapy in producing desired changes, and variables that affect the therapy processes. Further, the aim is to equip the trainees with various theories of clinical problems,and intervention techniques, and their advantages and limitations.

Objectives:

By the end of Part – II, trainees are required to demonstrate ability to:

1. Describe what factors are important in determining how well patients do in psychotherapy?

2. Demonstrate an ability to provide a clear, coherent, and succinct account of patient's problems and to develop an appropriate treatment plan.

3. Demonstrate a sense of working collaboratively on the problem and ability to foster aneffective alliance.

4. Demonstrate a working knowledge of theoretical application of various approaches oftherapy to clinical conditions.

5. Set realistic goals for intervention taking into consideration the social and contextual mediation.

6. Carry out specialized assessments and interventions, drawing on their knowledge of pertinent outcome/evidence research.

7. Use appropriate measures of quantifying changes and, apply and integrate alternative or complementary theoretical approach, depending on the intervention outcome.

8. Demonstrate skills in presenting and communicating some aspects of current intervention work for assessment by other health professionals, give and receive constructive feedback.

9. Demonstrate ability to link theory-practice and assimilate clinical, professional,academic and ethical knowledge in their role of a therapist.

10. Present a critical analysis of intervention related research articles and propose their own methods/design of replicating such research.

Academic Format of Units:

Acquiring the required competency/skills would be primarily through clinical workups and carrying out of various treatment techniques, under supervision, within clinical context. The trainees are required to be involved in all clinical service activities – institutional or community based, of the center. Demonstration, clinical issue seminar, clinical seminar, clinical case conferences are required to be planned to impart the necessary knowledge and skills.

Evaluation:

Theory - involving long and short essays, and practical/clinical - involving workup andassessment of clinical cases with viva voce.

Syllabus:

Unit-I: Introduction: Issues related to training therapists; ethical and legal issues; rights and responsibilities; consent/assent issues; planning and recording of therapy sessions; structuring and setting goals; factors influencing the therapeutic relationship; pre- and post-assessment; practice of evidence-based therapies; managed care.

Unit-II: Affective psychotherapies: Historical aspects and empirical status of psychodynamic, brief, humanistic, existential, gestalt, person-centered, Adlerian, transactional analysis, reality therapy, supportive, clinical hypnotherapy, play therapy, psychodrama, and oriental approaches such as yoga, meditation, shavasana, pranic healing, reiki, tai chi etc.

Unit-III: Behavior therapies: Indications and empirical status of behavioral techniques such as desensitization (imaginal, in-vivo, enriched, assisted); extinction (graded exposure, flooding and response prevention, implosion, covert extinction, negative practice, stimulus satiation); skill training (assertiveness training, modeling, behavioral rehearsal), operant procedures (token economy, contingency management); aversion (faradic aversion therapy, covert sensitization, aversion relief procedure, anxiety relief procedure and avoidance conditioning); self-control procedures (thought stop, paradoxical intention, stimulus satiation); biofeedback (EMG, GSR, EEG, Temp., EKG); behavioral counseling, Group behavioral approaches, behavioral family/marital therapies.

Unit-IV: Cognitive therapies: Indications and empirical status of rational emotive behavior therapy, cognitive behavior therapy, cognitive analytic therapy, dialectical behavior therapy, problem-solving therapy, mindfulness based cognitive therapy, schema focused therapy, cognitive restructuring, and other principal models of cognitive therapies, transdiagnostic cognitive-behavior therapies

Unit-V: Systemic and Physiological therapies: Indications, and empirical status of family therapy, marital therapy, group therapy, sex therapy, interpersonal therapy; progressive muscular relaxation, autogenic training, biofeedback, eye-

movement desensitization and reprocessing and other major therapies.

Unit-VI: Counseling and Psychoeducation: Behavioral, cognitive and humanistic approaches; counseling process; theory and procedures to specific domains of counseling; models of therapeutic education, family counseling for a collaborative effort towards recovery, relapse-prevention and successful rehabilitation with regard to various debilitating mental disorders.

Unit-VII: Psychotherapy research: Defining and estimating treatment effects, comparators issues, RCTs, causality in therapy research, biases and allegiance, common factors, specific effects, studying mechanisms, mediation and moderators, mediation analysis, non-inferiority and equivalence tests, identifying responders and moderators, therapist effect, design effect, nested and crossed designs, qualitative methods in understanding the causation, process-based therapy, client preference in therapy work and its implications, ethical issues in psychotherapy research

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Aronson, M. J. & Scharfman, M. A. (1992).*Psychotherapy: The analytic approach*. NewYork: Jason Aronson, Inc.

Baker, P, (1992). *Basic family therapy*. New Delhi: Blackwell Scientific Pub.

Bellack, A. S. & Hersen, M., (1998). *Comprehensive clinical psychology* (Vol. 6). London:Elsiever Science Ltd.

Bellack, A.S., Hersen, M.,& Kazdin, A.E. (1985).*International handbook of behaviormodification and therapy*. New York: Plenum Press.

Bellack, A. S. & Hersen, M. (1985). *Dictionary of behavior therapy*. New York: PergamonPress.

Bergin, A. G. & Garfield, S. L. (1978). *Handbook of psychotherapy & behavior change – Anempirical analysis*. New York: John Wiley & Sons.

Bloch, S. (2000). *An introduction to the psychotherapies* (3rd ed.). New York: OxfordMedical Publications.

Capuzzi, D. & Gross, D. R. (2003). *Counseling and psychotherapy: Theories andinterventions* (3rd ed.). New Jersey: Merrill Prentice Hall.

Clark, D. M. & Fairburn, C. G. (2001). *Science and practice of CBT*. London: OxfordUniversity press.

Dobson, K. S., & Craig, K. D. (1996). *Advances in cognitive behavior therapy*. New York:Sage Publications.

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Freeman, A., Simon, K. M., Beutler L.E. & Arkowitz, M. (1988). *Comprehensive Handbookof cognitive therapy*. New York: Plenum Press.

Friedberg R. D. & McClure, J. M. (2002). *Clinical Practice of cognitive therapy with childrenand adolescents- The nuts and bolts*. New York: Guilford Pres.

Garfield, S. L. (1995). *Psychotherapy: an eclectic integrative approach* (2nd ed.). New York:John Wiley and son.

Gibson, R.L. & Mitchell M.H. (2006). *Introduction to counseling and guidance* (6th ed.). New Delhi: Pearson.

Graham, P.J. (1998). *CBT for children and families* (2nd ed.). London: Cambridge UniversityPress.

Greenson, R.R. (1967). *The Technique and Practice of psychoanalysis* (Vol. 1). New York:International Universities Press.

Hawton, K. Salkovskis, P.M., Kirk, J. and Clark, D.M. (1989). *Cognitive Behavior Therapyfor psychiatric problems: A practical guide*. New York: Oxford University Press.

Jena, S.P.K. (2013*). Learning disability: Theory to practice*. Sage, New Delhi.

Jena, S.P.K. (2013). *Adhigam Akshamta: Siddhanta se prayog tak*. Sage, New Delhi.

Klerman, G. L. & Weissman, M. M (1993). *New Approach of Interpersonal Psychotherapy*. Washington, DC.: American Psychiatric Press.

Mash, E.J. & Wolfe, D.A. (1999). *Abnormal child psychology*. New York: WadsworthPublishing.

Rimm D.C., & Masters J.C. (1979). *Behavior therapy: Techniques and empirical findings*. New York: Academic Press.

Sanders, D & Wills, F. (2005). *Cognitive therapy: An introduction* (2nd ed.). New Delhi:Sage Publications.

Sharf, R.S. (2000). *Theories of psychotherapy and counseling* (2nd ed.). New York:Brooks/Cole.

Turner, S.M, Calhour, K. S. & Adams, H. E.(1992). *Handbook of clinical behavior therapy.* New York: Wiley Interscience.

Turner, S.M., Calhown, K. S., & Adams, H.E. (1992). *Handbook of Clinical Behavior therapy.* New York: Wiley Interscience.

Walker, C.E. & Roberts, MC (2001). *Handbook of clinical child psychology* (3rd ed.). Ontario: John Wiley and Sons.

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Booth, T.& Booth, W. (1994). Working with parents with mental retardation: Lessons from research. *Journal of Developmental Disabilities, 6*, 23-41.

O'Dell, S. (1974). Training parents in behavior modification: A review, *Psychological Bulletin, 81*, 418-433.

Patterson, G. R. & Fleishman, M. J. (1979). Maintenance of treatment effects: Some considerations concerning family systems and following data. *Behaviour Therapy, 10*, 168-185.

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Wolberg, L.R. (1995). *The techniques of psychotherapy* (4th ed.). New York: Grune &Stratton.

Wolman, B.B. & Stricker, G, (1983). *Handbook of family and marital therapy*. New York:Plenum.

Wolman, B.B. (1967). *Psychoanalytic techniques, a handbook for practicing psychoanalyst*, New York: Basic Book.

PSYC1P1: Psychological Assessments (Practical)

(Credit points: 10, Credit hours: 30 x 10 = 300)

Aim:

To provide hands-on experience in acquiring the necessary skills and competency in selecting, administering, scoring and interpreting psychological tests often employed in clients with mental or neuropsychological disorders. Since psychological assessment involves integration of information from multiple sources, the trainees are required to be given extensive exposure in working up of cases and carrying out the assessment at all levels. Typical areas of focus for psychological assessment includes (not necessarily limited to): cognition, intelligence, personality, diagnostic, levels of adjustment, disability/functional capacity, neuropsychological functions, clinical ratings of symptomatology, variables that help/direct treatment, and assess treatment outcomes.

Objectives:

By the end of Year – I, trainees are required to demonstrate ability to:

1. Use relevant criteria to assess the quality and appropriateness of a psychological test and evaluate its strengths and weaknesses for clinical purposes.

2. Able to carry out the clinical work-up and discuss the diagnostic possibilities based on the history and mental status examination of the clients with psychological/neuropsychological problems.

3. Synthesize and integrate collateral information from multiple sources and discuss the rationale for psychological assessment as relevant to the areas being assessed.

4. Select and justify the use of psychological tests and carry out the assessment as per thespecified procedures in investigating the relevant domains.
5. Interpret the findings in the backdrop of the clinical history and mental status findingsand arrive at a diagnosis.

6. Prepare the report of the findings as relevant to the clinical questions asked or hypothesis set up before the testing began, and integrate the findings in service activities.

Academic Format of Units:

Acquiring the required competency/skills would be primarily through clinical workups of cases having psychological/neuropsychological disorders and carrying out the indicated psychological assessments within the clinical context. Demonstration and tutorials shall be held for imparting practical/theory components of the psychological tests.

Evaluation:

Practical/clinical – involve working up cases and carrying out the psychological assessment within clinical context and viva voce.

Syllabus:

Unit - I: Introduction: Case history; mental status examination; rationale of psychological assessment; behavioral observations, response recording, and syntheses ofinformation from different sources; formats of report writing.

Unit - II: Tests of cognitive functions and for PwD: Bender gestalt test; Wechsler memory scale; PGI memory scale; Wilcoxen cord sorting test, Bhatia's battery of performance tests of intelligence; Binet's test of intelligence (locally standardized); Raven's progressive matrices (all versions); Wechsler adult intelligence scale – Indian adaptation (WAPIS, WAIS-R); Tests for PwD - WAIS-R, WISC-R (for visual handicapped), blind learning aptitude test, and other interest and aptitude tests, Kauffman's assessment battery and such other tests/scales for physically handicapped individuals.

Unit - III: Tests for diagnostic clarification: A) Rorschach psychodiagnostics, B) Tests forthought disorders – color form sorting test, object sorting test, proverbs test,

C) Minnesota multiphasic personality inventory; multiphasic questionnaire, clinical analysis questionnaire, IPDE, D) screening instruments such as GHQ, hospital anxiety/depression scale etc. to detect psychopathology.

Unit - IV: Tests for adjustment and personality assessment: A) Questionnaires and inventories – 16 personality factor questionnaire, NEO-5 personality inventory, temperament and character inventory, Eyesenk's personality inventory, Eysenck's personality questionnaire, self-concept and self- esteem scales, Rottor's locus of control scale, Bell's adjustment inventory (students' and adults'), subjective well-being questionnaires, QOL , B) projective tests – sentence completion test, picture frustration test, draw-a- person test; TAT – Murray's and Uma Chowdhary's.

Unit - V: Rating scales: Self-rated and observer-rated scales of different clinical conditionssuch as anxiety, depression, mania, OCD, phobia, panic disorder etc. (including Leyton's obsessional inventory, Y-BOCS, BDI, STAI, HADS, HARS, SANS, SAPS, PANSS, BPRS), issues related to clinical applications and recent developments.

Unit - VI: Psychological assessment of children: A) Developmental psychopathology check list, CBCL, B) Administration, scoring and interpretation of tests of intelligence scale for children such as SFB, C-RPM, Malin's WISC, Binet's tests, and developmental schedules (Gesell's, Illingworth's and other) Vineland social maturity scale, AMD adaptation scale for mental retardation, BASIC-MR, developmental screening test (Bharatraj's), C) Tests of scholastic abilities, tests of attention, reading, writing, arithmetic, visuo-motor gestalt, and integration, D) Projective tests – Raven's controlled

projection test, draw-a-person test, children's apperception test, E) Clinical rating scales such as for autism, ADHD etc.

Core Tests:

1. Stanford Binet's test of intelligence (any vernacular version)
2. Raven's test of intelligence (all forms)
3. Bhatia's battery of intelligence tests
4. Wechsler adult performance intelligence scale
5. Malin's intelligence scale for children
6. Gesell's developmental schedule
7. Wechsler memory scale
8. PGI memory scale
9. 16 personality factor questionnaire
10. NEO-5 personality inventory
11. Temperament and character inventory
12. Children personality questionnaire
13. Clinical analysis questionnaire
14. Multiphasic questionnaire
15. Object sorting/classification test
16. Sentence completion test
17. Thematic apperception test
18. Children' apperception test
19. Rorschach psychodiagnostics
20. Personality assessment inventory

A certificate by the head of the department that the candidate has attained the required competence in all of the above tests shall be necessary for appearing in the university examinations of Year – I.

PSYC1P2: Clinical Placement – 1

(Credit points: 10, Credit hours: 30 x 10 = 300)

Clinical Placement – 1 is the first-half of the academic Year – I, starting from the date of enrollment into the program. The placement closes by mid-year with an Internal Evaluation and Viva Voce as per grading rubrics for individual performance specified already.

Aim:

The overall goal of the placement is to develop psychology professionals competent to practice patient care independently acquiring interviewing and assessment skills, developing rapport with patients, performing all aspects of an evaluation, including eliciting a clear and accurate history, performing mental status examinations, formulating a diagnosis, and carrying out appropriate diagnostic and psychological tests to clarify the diagnosis and to facilitate development of interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

Objectives:

By the end posting, trainees are:

1. Expected to acquire skills of eliciting the relevant clinical history through a psychiatric interview of the clients and his/her caregivers; being sensitive to cultural diversity and religious and education background of the client/family.

2. Expected to conduct a thorough mental status examination and propose relevant differential diagnosis using latest ICD diagnostic criteria. Based on clinical findings, trainees select appropriate psychological tests/measures and conduct Psychological Evaluation to answer relevant clinical questions.

3. Expected to seek and seize all opportunities in IP and OP settings and in specialty clinics to get exposure and evaluate a wide variety of psychiatric disorders of Child, Adolescents, Adults and special Populations.

4. Demonstrate a comprehensive knowledge of various classes of psychotropic medications, clinical indications, and their side-effects.

5. Expected to have a reasonable understanding of Pharmacological basis of the mechanism of action and interaction of drugs commonly used in the treatment of psychological disorders, and hypothesized biological mediators of psychological interventions as the knowledge in these areas is considered essential to offer an effective psychoeducation as part of psychological interventions.

Evaluation:

The evaluation shall be conducted by faculty members providing clinical supervision and would include the level of mastery acquired for by giving short and long cases for examination and evaluation;

A. Working up of a case and presenting the case history with detailed MSE

B. Formulating the case and discussing differential diagnosis
C. Conduct of appropriate Psychodiagnostic assessment and reporting the findings (both oral and written format)
D. Discussing the possible short and long-term interventions
E. Prognosticating the case

PSYC1P3: Clinical Placement – 2

(Credit points: 10, Credit hours: 30 x 10 = 300)

Clinical Placement – 2 is the second-half of the academic Year – I, starting by the end of Placement – 1. The placement closes by year end with an Internal Evaluation and Viva Voce as per grading rubrics for individual performance specified already.

Aim:

The overall goal of the placement is to guide and facilitate comprehensive knowledge and skills to provide patient care that is compassionate, appropriate and effective for the treatment of mental health problems and the promotion of health and quality of life.

Objectives:

By the end of posting, trainees in addition to refining the skills in diagnostic formulation and psycho-diagnostic evaluations are expected to:

1. Develop required competence in creating an appropriate and comprehensive treatment plan for all diagnoses in the current diagnostic manual

2. Employ a variety of psychoeducation models, counseling approaches/techniques, individual supportive, psychodynamic and cognitive-behavioral psychotherapies (both long-term and brief therapy), in addition to intervention to family, couples, group and other evidence-based psychotherapies to manage and treat psychiatric symptoms in consultation and liaison services, outreach and prevention services, triage and crisis services

3. Provide appropriate supportive care and treatment for the chronically mentally ill with psychotherapeutic and psychosocial rehabilitation interventions

4. Provide psychiatric treatment while collaborating and coordinating treatment with other therapists such as occupational therapists, special educators, social workers etc.

5. Implement modifications in the interventions on assessing the effectiveness of each therapy session, and monitoring the overall therapy outcomes

6. Assess the appropriateness of the selected interventions in resolving the client's problems, symptom reduction, and the therapeutic alliance and in a variety of clients across a range of problems, disorders and settings.

Evaluation:

The evaluation shall be conducted by faculty members providing clinical supervision and would include the level of mastery acquired for by giving short and long cases for examination and evaluation;

A. Formulating a case for psychological interventions
B. Problem identification and solving skills
C. Working out the objective/s of the intervention which are in alignment with client's problem
D. Describing the theoretical and empirical bases of specific brief interventions
E. Delivery of the interventions
F. Monitoring the outcome and implementing modifications, if any.

Successful trainees possess knowledge and are sufficiently motivated to acquire and develop skills needed to deliver more complex psychotherapeutic interventions with further input and training.

PSYC1P4: Psychodiagnostic Records Submission

(Credit points: 6, Credit hours: 30 x 6 = 180)

Guidelines for Submitting Full-length Psychodiagnostic Records

Five Records should be submitted in print (use double line space) and bound (all records together) format. Registration number at the center, date first seen, supervising consultant's name and his/her signature should be shown on the opening page of each record. The relevant test protocols should be submitted separately in a file. The records endorsed by the supervisor should include a summary of the clinical history and organized under the following heads:

- Socio-demographic data
- Presenting complaints
- History of present illness
- History of past illness (if any)
- Family history
- Personal history
- Pre-morbid personality
- Relevant findings on physical examination
- Findings on Mental Status Examination
- Diagnostic formulation
- Differential diagnosis
- Sociocultural and contextual factors
- Short- and log-term management

Should include a discussion (in detail) on the:

- Rationale for psychological testing
- Area/s to be investigated
- Tests administered (mention full title of the tests/scales etc.) and rationale for their use
- Behavioral observations during testing and overall validity of the test results
- Test findings and their interpretations
- Impression

A summary of the test results and the management plan (including suggestion/s if any) should be incorporated at the end of each record.

Year – 2

PSYC2C1: Biological Determinants of Behavior and Neuropsychology

(Credit points: 6, Credit hours: 15 x 6 = 90)

The course is divided into two parts; Part-A and B. Part-A deals with Biology of Behavior, and Part-B with Clinical Neuropsychology.

Part-A: Biology of Behavior (Credit points: 3)

Aim:

Brain disorders cause symptoms that look remarkably like other functional psychological disorders. Learning how brain is involved in the genesis of normal and abnormal behavioral/emotional manifestation would result in better clinical judgment, lesser diagnostic errors and increase sensitivity to consider and rule out a neuropsychological origin or biochemical mediation of the psychopathology. Also, current researches have indicated manypharmacological agents dramatically alter the severity and course of certain mental disorders,particularly more severe disorders. Therefore, the aim of this course is to provide important biological foundations of human behavior and various syndromes. The main focusis the nervous system and its command center - the brain.

Objectives:

On completion of the course trainees are required to demonstrate ability to:

1. Describe the nature and basic functions of the nervous system
2. Explain what neurons are and how they process information
3. Identify the brain's levels and structures, and summarize functions of the structures
4. Describe the biochemical aspects of brain and how genetics increase our understandingof behavior.
5. State what endocrine system is and how it regulates internal environment and affects behavior.
6. Discuss the principles of psychopharmacology and review the general role of neurotransmitters and neuromodulators in the brain.
7. Describe the monoaminergic and cholinergic pathway in the brain and the drugs that affect these neurons.
8. Describe the role of neurons that release amino acid neurotransmitters and the drugs that affect these neurons.

Academic Format of Units:

Lectures, seminars and demonstrations by the experts in specific discipline, disease, topics such as by Anatomist, Biochemist, Physiologist, Psychiatrist, Neurologist and Neurosurgeons are required to impart knowledge and skills in certain domains. Depending on the resources available at the center these academic activity can be arranged.

Evaluation:

Involving long and short essays and viva

Syllabus:

Unit-I: Anatomical sub-divisions of the human brain; the surface anatomy and interior structures of cortical and sub-cortical regions; anatomical connectivity among the various regions; blood supply to brain and the CSF system; cytoarchitecture and modular organization in the brain; communication within (membrane potential, action potential) and between neurons (neurotransmitters, neuromodulators and hormones).

Unit-II: Biochemistry of the brain: Biochemical and metabolic aspects of brain; medical genetics; structure and function of chromosomes; molecular methods in genetics; single-gene inheritance; cytogenetic abnormalities; multifactorial inheritance; biochemistry of genetic diseases

Unit-III: Neurobiology of sensory-motor systems: Organization of sensory-motor system in terms of receptors, relay neurons, thalamus and cortical processing of different sensations; principle motor mechanisms of the periphery (muscle spindle), thalamus, basal ganglia, brain stem, cerebellum and cerebral cortex; neurobiology of drives, motivation, hunger,thirst, sex, learning, memory, emotion, and personality, regulation of internal environment: role of limbic, autonomic and the neuroendocrine system in regulating the internal environment; reticular formationand other important neural substrates regulating the state of sleep/wakefulness

Unit-IV: Psychopharmacology: Principles of psychopharmacology, sites of drug action (effects on production, storage, release, receptions, reuptake and destruction); drugs commonly used to treat psychiatric disorders and putative mechanisms of action, role of neurotransmitters and neuromodulators (acetylcholine, monoamines (DA, NE and 5-HT), amino acids, peptides, lipids) in various aspects of behavior; neurobiology of mental disorders - neurochemical, metabolic and genetic aspect of major mentaldisorders, neurodevelopmental and behavioral disorders;

Part-B: Clinical Neuropsychology (Credit points: 3)

Aim:

The course aims to provide an understanding of the relationships between the brain and cognition, affect and behavior across developmental stages through clinical evaluation and follow-up of a variety of cases with brain disease and injury.

Objectives:

At the end of the course trainees,

1. Discuss at ease the functional aspects of different brain networks, and can explain how these would affect an individual in daily life situations and make recommendations for interventions and social rehabilitation in affected cases.

2. Describe what kinds of neuropsychological deficits are often associated with lesions offrontal, parietal, temporal and occipital lobes of the brain, and carry out the indicated neuropsychological assessment employing any valid battery of tests.

3. Describe what kinds of neuropsychological deficits are often associated with subcortical lesions ofthe brain.

4. List symptoms those are typical of focal and diffuse brain damage.

5. Enumerate the characteristics of clinical syndrome and the nature of neuropsychological deficits seenin various cortical and subcortical dementias.

6. Describe the neuropsychological profile of principal psychiatric syndromes.

7. Demonstrate an understanding of functional neuro-imaging techniques and their application inpsychological disorders and cognitive neuroscience.

8. Demonstrate an understanding of the principles involved in neuropsychological assessment, itsstrengths and weaknesses, and indications.

9. Describe the nature of disability associated with head injury in the short and longer term, methods ofremedial training and their strengths and weakness.

Academic Format of Units:

The learning would be primarily through clinical assessment of cases with brain lesions and disorders, and supplemented by lectures, seminars and tutorials, allowing trainees to participate in collaborative discussion.

Evaluation:

Practical/clinical exam in neuropsychological assessment with cases having a brain lesion/disorder and theory aspects by long and short essays, and

comprehensive viva.

Syllabus:

Unit-I: Introduction: Relationship between structure and function of the brain; the rise of neuropsychology as a distinct discipline, logic of cerebral organization; localization andlateralization of functions; approaches and methodologies of clinical and cognitive neuropsychologists.

Unit-II: Frontal and temporal lobe syndrome: Frontal lobe - disturbances of regulatory functions; attentional processes; emotions; memory and intellectual activity; language and motor functions; temporal lobe - special senses, hearing, vestibular functions and integrative functions; disturbances in learning and memory functions; language, emotions, time perception and consciousness.

Unit-III: Parietal and occipital lobe syndromes: Parietal lobe - disturbances in sensory functions and body schema perception; agnosias and apraxias; occipital lobe - disturbances in visual space perception;color perception; writing and reading ability.

Unit-IV: Neuropsychological assessment: Principles, approaches, scope and indications and issues involved in neuropsychological assessment of children, functional domains in children; categorization of major brain functions, localization of functions in the brain, content of empirically validated batteries such as LNNB, Halstead-Reitan battery, PGI-BBD, NIMHANS and other batteries of neuropsychological tests in current use and their application, Neuropsychological profile: Neuropsychological profile of cortical and subcortical dementia; major mental disorders, substance use disorders, neurodevelopmental disorders

Unit-V: Neuropsychological rehabilitation: Principles, objectives and methods of neuro-rehabilitation of traumatic brain injury, organic brain disorders, major psychiatricdisorders and behavioural disorders; scope of computer-based retraining, neurofeedback, cognitive aids; application of functional human brain mapping techniques such as QEEG, EP & ERP, PET, SPECT, fMRI etc.

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PSYC2C2: Behavioral Medicine

(Credit points: 6, Credit hours: 15 x 6 = 90)

Aim:

Health psychology, as one of the subspecialties of applied psychology, has made a notable impact on almost the entire range of clinical medicine. The field deals with psychological theories and methods that contribute immensely to the understanding and appreciation of health behavior, psychosocial and cultural factors influencing the development, adjustment to, treatment, outcome and prevention of psychological components of medical problems. The aim of behavioral medicine is to elucidate the effects of stress on immune, endocrine, and neurotransmitter functions among others, psychological process involved in health choices individuals make and adherence to preventive regimens, the effectiveness of psychological interventions in altering unhealthy lifestyles and in directly reducing illness related to various systems. Further, to provide the required skills and competency to assess and intervene for psychological factors that may predispose an individual to physical illnessand that maintain symptoms, in methods of mitigating the negative effects of stressful situations/events, and buffering personal resources.

Objectives:

On completion of the course, trainees are required to demonstrate ability to:

1. Appreciate the impact of psychological factors on developing and surviving a systemicillness.

2. Understand the psychosocial impact of an illness and psychological interventions used inthis context.

3. Understand the psychosocial outcomes of disease, psychosocial interventions employed toalter the unfavorable outcomes.

4. Understand the rationale of psychological interventions and their relative efficacy inchronic disease, and carry out the indicated interventions.

5. Understand the importance of physician-patient relationships and communication indetermining health outcomes.

6. Understand of how basic principles of health psychology are applied in specific context ofvarious health problems, and apply them with competence.

7. Demonstrate the required sensitivity to issues of death and dying, breaking bad news, andend-of-life issues.

8. Carry out specialized interventions during period of crisis, grief and

bereavement.

9. Understand, assimilate, apply and integrate newer evidence-based research findings intherapies, techniques and processes.

10. Critically evaluate current health psychology/behavioral medicine research articles, and present improved design/methods of replicating such research.

11. Demonstrate the sense responsibility while working collaboratively with anotherspecialist and foster a working alliance.

Academic Format of Units:

The competency/skills are imparted through supervised workups, assessment and practical work of carrying out varioustreatment techniques within clinical context. Depending on availability of resources at the parent center, the trainees may be posted for extra-institutional learning. Demonstration, clinical issue seminar, clinical seminar, clinical case conferences are required to impart the necessary knowledge and skills.

Evaluation:

Theory - involving long and short essays, and practical/clinical - involving workup andassessment of clinical cases with viva voce.

Syllabus:

Unit-I: Introduction: Psycho-behavioral influence on neuroendocrine, neurotransmitter and neuro-immuneresponses to stress, negative affectivity, behavioral patterns, and coping styles, psychophysiological models of disease, theoretical models of healthbehavior, scope and application of psychological principles in health and illness; research and developments in health psychology, psychophysiology, psychoneuroimmunology, psychobiology, sociobiologyand their implications; demonstrated effects of psychological interventions on the biology of brain and implications.

Unit-II: Central nervous system: Cognitive, behavioral, emotional disturbances in major CNS diseases like cerebrovascular (stroke, vascular dementia etc.), developmental (cerebral palsy), degenerative (Parkinson's etc.), trauma (traumatic brain and spinal cord injury), convulsive (epilepsy),and infectious (AIDS dementia), psychological assessment, intervention and rehabilitation of this population.

Unit-III: Cardiovascular system: Psychosocial, personality, lifestyle, and health practiceissues, psychobehavioral responses including coping with illness and functional loss in hypertension, MI, following CABG and other cardiovascular conditions, salient issues with regard to quality-of-life and well-being, empirically proven methods of psychological management of CVS diseases.

Unit-IV: Respiratory system: precipitants, such as emotional arousal, and other externalstimuli, exacerbants such as anxiety and panic symptoms, effects, such as secondary gain, low self-esteem in asthma and other airway diseases, psychological, behavioral and biofeedback strategies as adjunct in the management.

Unit-V: Genitourinary/renal/reproductive system: Psychosocial issues in male/female sexual dysfunctions, micturition/voiding problems including primary/secondary enuresis, end-stage renal disease, dialysis treatment, primary and secondary infertility, empirically validated psychological and behavioral interventions in these conditions.

Unit-VI: Gastrointestinal system and Dermatology: Evaluation of psychological factors including personality characteristics and stress/coping style in functional GI disorders (such as irritable bowel syndrome, inflammatory bowel disease, peptic ulcerdisease, esophageal disorder etc.); role of stress and anxiety in psychodermatological conditions (such as psoriasis, chronic urticaria, dermatitis, alopecia etc.,); impact of these on self-esteem, body image and mood, role of psychological interventions such as relaxation, stress management, counseling, cognitive restructuring and biofeedback strategies.

Unit-VII: Oncology and Pain: Psychosocial issues associated with cancer - quality of life, denial,grief reaction to bodily changes, fear of treatment, abandonment, side effects, recurrence, resilience; physiological and psychological processes involved in pain experience andbehavior, assessment tools for acute and chronic pain intensity, behavior, and dysfunctions/disability related to pain, psychological interventions such as cognitive, behavioral, biofeedback and hypnotic therapies.

References

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PSYC2C3: Interventions for special populations

(Credit points: 6, Credit hours: 15 x 6 = 90)

Aim:

Aim is to understand the needs of clients with neurodevelopmental conditions across the lifespan, studying the common mental health issues, and adapting mental health interventions when working with special needs populations such as children from incarcerated family, abused, clients in prison or under trial, community interventions during man made or natural disaster or new mode of service delivery like psychotherapy through online mode etc. In addition, managing behaviors of risk and understanding forensic implications when working with the special needs populations and collaborating with colleagues from other disciplines in the context of special needs management for example, following amputation, post-surgery, organ transplant, sexual assault etc.

Objectives:

On completion of the course, trainees demonstrate ability to:

1. Understand the common mental health issues such as anxiety, depression that are masked or not reported due to limited verbal or cognitive ability in special needs population

2. Adapt and apply behavioral and systemic interventions to the management of clients with special needs such as ADHD, ASD, ID, sensory impaired and learning disabled

3. Screen for mental health concerns/issues, recognize clients' needs and strengths, adapt psychological therapies supporting clients in special context such as children from abuse, incarcerated, broken/separated, and disadvantaged families

4. Recognize and prevent behavioral risk in clients with special needs such as following amputation or CABG, organ failure eg. CKD, organ transplant etc.

5. Recognize signs of caregivers stress and burnout of chronic mentally ill, terminally ill etc. and apply psychotherapeutic interventions.

6. Understand and manage behaviors of risk and their forensic implications when working with the special needs population

7. Consult and Collaborate with colleagues from other disciplines in the context of special needs management

Academic Format of Units:

The competency/skills are imparted through opportunities to work up clients with special needs and formulate and intervene on short- and long-term basis under supervision. Supervised workups, assessment and practical work of carrying out varioustreatment techniques within clinical context would be the strategies to impart needed skills. Depending on availability of resources at the parent center, the trainees may be posted for extra-institutional learning.

Demonstration, clinical issue seminar, clinical seminar, clinical case conferences are required to impart the necessary knowledge.

Evaluation:

Theory - involving long and short essays, and practical/clinical - involving workup andassessment of clinical cases with viva voce.

Syllabus:

Unit- I: Therapy with children and adolescents: Introduction to different approaches (psychoanalytic - Ana Freud, Melanie Klein, Donald Winnicott); special techniques (ACT, DBT, family therapy, group therapy, interpersonal therapy, metallization based therapy, parent child interaction therapy, play therapy , supportive therapy) for developmental internalizing and externalizing disorders; therapy in special conditions such as psycho-physiological and chronic physical illness; parent and family counseling

Unit-II: Interventions for clients with disabilities - with motor, auditory, visual and learning/cognitive disability, economically disadvantaged and such other conditions where integrative/eclectic approach is the basis of clinical intervention, psychosocial and cognitive rehabilitation - rehabilitation services, resources, medical and psychosocial aspects of disability, assessment, group therapy, supportive therapy, remedial training, cognitive retraining, and other forms of empirically supported psychotherapies for coreand peripheral members.

Unit-III: Counseling special populations: in schools, in prison, homeless children, foster care, children involved with the Juvenile Justice System, LGBTQ, sexually abused, with incarcerated parents, gifted, separated/divorced, culturally disadvantaged, and counseling to increase motivation and school completion

Unit-IV: Therapy in special conditions: Therapies and techniques in the management of deliberate self-harm, bereavement, traumatic, victims of man-made and natural disasters, in crisis, personality disorders, chronic physical and mental illness, substance dependents, gaming addicts, compulsive gambling, HIV/AIDS, single parents, including single pregnant women, unemployed

Unit-V: Other clinical conditions: Application of psychological interventions in general medical settings where psychological services evidenced to affect the outcome of medical management, for example in diabetes, sleep disorders, obesity, dental anxiety, burns injury, pre- and post-surgery, preparing for amputation, evaluation of organ donors/recipient, palliative care for terminally ill, pre- and post-transplantation, organ replacement, hemophiliacs, sensory impairment, rheumatic diseases, abnormal illness behavior, health anxiety etc.

Unit-VI: Telepsychotherapy: General guidelines – Indications, consent and documentation issues, assessing suitability, psychological assessments, in-person evaluation, need for emergency referral/services, maintaining confidentiality, record of therapy sessions, termination issues, ethical and legal issues, issues related to training and supervision

Unit-VII: Research related to process and outcome, changed process reeearch, generations of psychotherapy research, different methodocoloicla issues and ethical consideration

References:

Textbooks – None; reading will be from the primary literature (Journal articles and book chapters).

PSYC2C4: Advanced Applied Statistics and Research Methods

(Credit points: 6, Credit hours: 15 x 6 = 90)

Aim:

The advanced statistics course provides rigorous methodologies that are the foundation for leveraging big data and meaningful analytics in order to make better and faster decisions.

The advanced course helps in analyze large amounts of clinical data to identify common patterns and trends for example, behavioral risks, treatment response, triggers of relapse or recurrence, multiple causative factors associated with a disorder etc., to convert them into meaningful information with large and important implications. The course is intended for graduate and doctoral students, requires familiarity with basic statistical concepts. Tutorials involve exposure to the features available in a large statistical package such as SPSS while reinforcing the conceptsdiscussed in lectures and classroom discussion.

Objectives:

On completion of this course, trainees should be able to:

1. Use appropriate techniques draw meaningful conclusions from a random, raw and unstructured data
2. Analyze a large data base (available in public domain) and interpret output in a scientifically meaningful way
3. Apply relevant design/statistical concepts in their own particular research projects.
4. Study the relationship between different variables or makes predictions for the whole population
5. Demonstrate a clear understanding of the predictive statistical analysis that analyzes data to derive past trends and predict future events on the basis of them
6. Become familiar with concepts like machine learning algorithms, data mining, data modelling, and artificial intelligence and clinical applications
7. Understand the prescriptive analysis that conducts analysis of data and prescribes the best course of action based on the results that helps make an informed

decision

8. Understand the causal statistical analysis that focuses on determining the cause and effect relationship between different variables within the raw data (determines why something happens and its effect on other variables)

9. Understand exploratory data analysis that involves exploring the unknown data associations (it analyzes the potential relationships within the data)

10. Critically review the literature to appreciate the theoretical and methodological issues involved

Academic Format of Units:

The course will be taught mainly in a mixed lecture/tutorial format, allowing trainees to participate in collaborative discussion. Demonstration and hands-on experience with SPSSprogram are desired activities.

Evaluation:

Theory - involving long and short essays, and problem-solving exercises

Syllabus:

Unit-I: Introduction: A review of core concepts - hypothesis testing (level of significance, sample size estimation, power and efficiency, standard errors, CI for proportions and probabilities); sampling methods and minimizing errors; experimental designs (pre-experimental, true-experimental, quasi experimental, statistical); level of measurement of a variable (various scales); establishing reliability, validity and norms; tests of significance – parametric and non-parametric tests

Unit-II: Epidemiological studies: Rates, prevalence and incidence; types- prospective and retrospective studies; diagnostic efficiency statistics (sensitivity, specificity, predictive values); risk estimation - measure of risk and differential risk, odds ratio and survival analysis.

Unit-III: Analysis of variance: Variations and models – fixed effects models, random-effects models, mixed effects models, post hoc analysis (range and non-range tests), types of ANOVA – one-way, factorial, repeated measures, multivariate analysis and ANCOVA, MANCOVA, multiway ANOVA and linear regression

Unit-IV: Multivariate analysis: Introduction, multiple regression, logistic regression, PLS regression, OLS regression, penalized regression, phylogenetic regression, discriminant function analysis, path analysis, factor analysis, cluster analysis, survival analysis, MANOVA, canonical correlation, and multidimensional scaling, PCA to detect pattern in variables,

Unit-V: Qualitative research: Qualitative methods of psychosocial research, method of analysis (content, thematic, narrative, grounded theory, discourse analysis), stages of data analysis (familiarization, identifying thematic framework,

indexing, charting, mapping and interpreting), grounded theory - method and practice

Unit-VI: AI – Introduction, machine learning, neural network to make predictions and application of R software, and hands-on experience in use of statistical package in the field of behavioral science such as SPSS, SAS, Statgraphics

References:

Textbooks – None; reading will be from the primary literature (Journal articles and book chapters).

PSYC2P1: Neuropsychological Assessment (Practical)

(Credit points: 5, Credit hours: 30 x 5 = 150)

Syllabus:

Neuropsychological assessment typically involves the functional areas of general intellectual capacities, ability to learn, memory for verbal and visual materials; speed and accuracy of psychomotor activity; visual-spatial skills; visual, auditory, and tactile perception; language and communication; reading, writing, arithmetic functions, visuo-motor gestalt and integration, attention, personality, emotional status, and higher-order and executive cognitive functions such as anticipating, initiating, problem-solving, abstract reasoning, judgement, drawing conclusions, self-control and managing time.

Unit-I:

Neur

opsychological screening tests; MMSE, Montreal Cognitive Assessment (MOCA), Addenbrooke's Cognitive Examination (ACE-R), Severe Impairment Battery (SIB), National Adult Reading Test (NART), PGI-BBD, Neuropsychiatric inventory (NPI), Basic and instrumental activities of daily life (BADL/IADL)

;

Unit-II: General Cognitive Ability: General cognitive ability is usually assessed using standardized intelligence tests, such as Bhatia's battery of performance tests of intelligence; Binet's test of intelligence (locally standardized); Raven's progressive matrices (all versions); Wechsler adult intelligence scale – Indian adaptation (WAPIS, WAIS-R); Tests for PwD - WAIS-R, WISC-R (for visual handicapped), Kauffman Assessment Battery and such other tests/scales for physically handicapped individuals

Unit-III: Attention: Trail making test (Parts A, B) Attentional matrices (Sustained, selective and divided attention), Multiple features target cancellation, Paced auditory serial addition test (PASAT), Symbol digit modalities test, Continuous performance tests, Contingency Naming Test, Arithmetic, Digit Span, Coding and Symbol Search subtests from the WISC-III.

Unit-IV: Perception and visuo-spatial function: Block design test, Visual object and space perception test, Bender gestalt test, Benton visual retention test, Rey-Osterrieth complex figure test, spatial comparison test,

Unit-V: Memory and learning: Wechsler memory scale; PGI memory scale; Digit span (forward and backward), Rey auditory verbal learning test (immediate and delayed recall, Verbal paired associates, Rivermead behavioural memory test, Logical memory, Corsi block-tapping test (for Visuo-spatial working memory), Corsi learning supra-span (Visuo-spatial learning), Benton visual retention test, Rey-Osterrieth complex figure test

Unit-VI: Executive function: Frontal assessment battery (The tests explores six subdomains: conceptualization, cognitive flexibility, motor sequencing, sensitivity to interference and environmental stimuli, inhibitory control), Stroop test (Inhibitory control, selective attention), Verbal fluency (Lexical access, cognitive flexibility, ability to use strategies, self-monitor), Wisconsin card sorting test (Reasoning, cognitive flexibility, abstraction), Raven progressive matrices (Non-verbal logical reasoning), Clock drawing test (Visuo-spatial and praxis abilities, visuo-spatial planning, retrieval of clock time

representation), Tower of London (Problem-solving, planning), Cognitive estimation task (Ability to produce reasonable cognitive estimates), children's category test, D-KEFS (Trail making test)

Unit-VII: Language abilities: Token test, Boston naming test, Aachener aphasie test (The test includes six tasks: verbal comprehension, repetition, written language, naming, oral and written comprehension of words and sentences), Comprehensive aphasia test (Semantic memory, word fluency, recognition memory, gesture object use, arithmetic, repetition, spoken language production, reading aloud, writing), Peabody Picture Vocabulary Test (R), Academic skills are tested for reading, writing and mathematics by giving achievement tests

Unit-VIII: Corticosensory and Motor Capacities: Tests involve standardized versions of various components of the traditional neurological examination including, finger localization, stereognosis, graphesthesia, sensory extinction, and left right orientation, motor control is assessed with test for apraxia (ideomotor, ideational, constructional), rhythmic tapping test

Unit-IX: Adjustment, personality and emotional status: These are assessed with personality tests such as questionnaires and inventories – 16 PF questionnaire, NEO-5, temperament and character inventory, Eyesenk's personality inventory, Eysenck's personality questionnaire, self-concept and self- esteem scales, Rottor's locus of control scale, Bell's adjustment inventory (students' and adults') etc. are employed.

Academic Format of Units:

Acquiring the required competency/skills would be primarily through clinical workups of cases having Psychiatric and/or Neurological disorders and carrying out the indicated Neuropsychological assessments within the clinical context. Demonstration and tutorials shall be held for imparting practical/theory components of the Neuropsychological battery of tests.

Evaluation:

Practical/clinical – involve working up cases and carrying out the Neuropsychological assessment within clinical context and viva voce. Theory – involving long and short essays

<u>Core Tests</u>

1. The Center must make available adequate number of copies of any of the following standardized Battery of Neuropsychological Tests (as 'Core Tests') for a comprehensive evaluation of the referred/identified cases for neuropsychological evaluation.

A. Luria-Nebraska Neuropsychological Battery (LNNB) either of the forms
B. Halstead-Reitan Neuropsychological Battery (HRNB)
C. NIMHANS Neuropsychological Battery
D. AIIMS Neuropsychological Battery

2. In the absence of standardized full battery of tests, the Center shall have adequate number of copies of the individual neuropsychological tests/materials (as 'Core Tests') as outlined above under Unit - I to Unit – VIII for assessing each cognitive domain.

3. In addition, the Center is required to procure and train hands-on with empirically validated brief batteries of neuropsychological tests developed for a specific clinical condition such as,

   A. Brief Repeatable Battery of Neuropsychological Tests (BRBN-T) for Multiple Sclerosis
   B. Neuropsychological Assessment Battery, Screening Module (NAB-SM) for Head Injury
   C. HIV-associated neurocognitive disorders (HAND) for HIV-infected individuals,
   D. Neuropsychological Battery for Epilepsy for an evaluation of adult Epileptics,
   E. Brief Neuropsychological Battery (MEPS) for acute Stroke
   F. Cambridge Automated Neuropsychological Test Battery (CANTAB) for assessment of various areas of cognitive functions

4. The above are only indicators, and the Center can at its own discretion (depending on the kind of referrals it caters to) procure other brief batteries of Neuropsychological tests that are adequately validated for a clinical condition, and use them in routine clinical neuropsychological evaluation.

5. A certificate by the Head of the Department that the trainee has attained the required competence in comprehensive clinical neuropsychological evaluation and interpretation of the findings in adults/children with brain lesion/s employing either a comprehensive battery of tests or individual tests that are specific for a domain shall be necessary for appearing in the final university examinations of Year-2.

PSYC2P2: Advanced Interventions (Practical)

(Credit points: 10, Credit hours: 30 x 10 = 300)

The practical/clinical components of therapy training focus on mastery acquired over formulating cases for various psychological interventions, conduct of initial assessment and setting goals matching client's problem, conduct of therapy, building and maintaining the therapeutic relationship, achieving the goal/s set for each session and for overall intervention, eliciting client's feedback, terminating therapeutic relationship, setting goals for short and long-term follow-up. Skills that the trainees possess and/or hone over time in all these domains seeking appropriate and timely supervision by mentor/s, taking part in job shadowing, or conducting a mock session with colleagues will be evaluated and graded during routine clinical postings and in periodic internal clinical exams and viva voce. Since psychological interventions involves integration of information from multiple sources the trainees would be given ample opportunities to gain and sharpen their therapy skills by working up a variety of cases and formulating therapy plan under direct supervision.

The structure and content of therapy sessions, length, frequency, and technique/s employed in each session, how much support and authority demonstrated by therapist would vary depending on the type of intervention/approach chosen. Nevertheless, the following steps are generic in nature and would be focused for honing therapy skills. These components would also be observed during internal and final assessment of trainees' competency and grading.

a) Conducting an initial assessment
b) Presenting/discussing the need and rationale for psychological intervention
c) Outlining short- and long-term objectives
d) Choosing the intervention technique/approach
e) Beginning the session
f) Formulating questions
g) Following leads
h) Assembling the data
i) Building hypothesis
j) Making a plan
k) Walking with the client and arriving at an agreement with the therapy goals
l) Putting the client in-charge within frame of a working alliance
m) Holding the session as per the plan
n) Effective boundary management
o) Being flexible within the frame
p) Achieving attunement and empathy
q) Eliciting feedback
r) Matching stages of change, culture, religion, spirituality, gender and sexual orientation
s) Setting goals for termination session and terminating the therapeutic relationship

Documentation and record keeping are important aspects of the intervention and

these elements too are included in the training and monitored at regular interval. Ethical behavior is a crucial component of the training. The trainees shall adhere to ethical principles and implement practice guidelines as per the document circulated beforehand, at all times during their interaction with the clients.

PSYC2P3: Clinical Placement – 3

(Credit points: 10, Credit hours: 30 x 10 = 300)

Part – A is first-half of the academic Year - 2, starting from the beginning of the academic session. During the placement, trainees continue to focus on development of knowledge and skills further for complex and long-term psychotherapeutic interventions that are empirically supported and as per best practice guidelines.

At this level of training, students understand the pros and cons of evidence-based and evidence-informed practice and consider individual variables of their clients and engage them in shared decision-making. This facilitates acquiring most valuable clinical skills to perform empirically supported treatments also helps developing a cogent rationale for intervention strategies.

Trainees focus and gain hands-on experience in offering therapies and techniques in special conditions where integrative/eclectic approach is the basis of clinical intervention. Undertake self-study supplementing didactic lectures on the methodology related to RCTs, qualitative research, public ethnographic research, process-outcome studies and meta-analysis and the process involved in scientific reporting of the experimental and qualitative findings.

Trainees have opportunities to work with a wide range of theoretical orientations (including interpersonal, cognitive-behavioral, existential, humanistic, psychodynamic, multicultural, feminist, ACT, DBT, SFT, Transdiagnostic, trauma-focus CBT, EMDR and so on) and areas of specialization (such as gender issues, LGBTQA, disordered eating, sexual and relationship violence, suicide prevention, PTSD, career development, and crisis intervention) in a variety of multicultural settings. Additionally, trainees have an opportunity for supervision by a number of senior staff of other discipline as well resulting in supplementary learning opportunities of ethical practice through playing role of co-therapist and by clinical team participation.

Part-A will close by the mid of Year – 2 with an Internal Evaluation and Viva Voce by faculty members shadowing and providing direct clinical supervision for a scheme of marks specified already.

The evaluation of Part-A would include the skills acquired for;

a) Functioning autonomously within the collaborative environment
b) Ability to assume independent responsibility towards desired therapy outcome
c) Building and maintaining therapeutic relationship
d) Ability to carry out contextual and collaborative assessment
e) Engaging clients in shared decision-making
f) Maintaining therapy records as per the policy of the center
g) Eliciting session and outcome feedback, and learn and reflect on them
h) Maintaining confidentiality and adhering to ethical & professional guidelines

Part – B is second-half of Year-2. Trainees focus on acquiring professional competency in general medical setting through offering clinical workup and psychometric evaluations and a variety of advanced interventions targeted at psychological issues associated with acute, subacute and chronic health conditions.

Recalling from the classroom discussion of behavioral medicine topics on the concept, theories, and models of clinical health psychology, trainees explore various domains of the professional practice and evaluation issues within the context of medical referrals and health & illness across lifespan. During the clinical assignments trainees demonstrate a clear understanding of psychological and behavioral influences on health and illness and psychophysiological models of disease and their application in health and heath care. Trainees discuss with ease the implications of contemporary research and developments in health psychology such as psychoneuroimmunology, psychobiology and the effects of psychotherapy on the biology of brain.

On completion of the postings the trainees should have acquired the skills needed to apply models of behavior change, and design appropriate evidence-supported psychological intervention on the basis of an initial clinical health case formulation. Trainees over time learn to take account of the relevant issues such as psychological responses to illness, disability and hospitalization, adherence to medical treatment, symptom reduction, progress made/making, and ability to make therapeutic alliance in planning the short- and long-term goal-oriented interventions. Also, acquire competency to prognosticate the case on the basis of psychological theories, models of the etiology, progression, recovery, precursors, sequelae to psychological disorders associated with medial issues.

Part-B posting will close by the end of Year – 2 with an Internal Evaluation and Viva Voce by faculty members shadowing and providing direct clinical supervision for a scheme of marks specified already.

The Part-B evaluation would include level of mastery acquired in various domains;

a. Ability to recognize and assess psychological responses to illness
b. Ascertaining whether or not the presence of a psychological disorder and risk factors (using a range of assessment methods including psychometric assessments and interviews) in persons with a variety of chronic medical diseases
c. Integrating and synthesizing clinical data and presenting a diagnostic formulation, and treatment approaches
d. Ability to design and carry out an appropriate empirically-supported psychological treatment on the basis of an initial clinical health case formulation
e. Demonstrating a critical understanding of the role and responsibility of Clinical Psychologists in medical settings and professional and ethical issues related to working in health care settings and within a multidisciplinary team.

PSYC2P4: Psychotherapy Record Submission

(Credit points: 6, Credit hours: 30 x 6 = 180)

Guidelines for Submitting Psychotherapy Records

Five Therapy Records should be submitted in print (use double line space) and bound (all records together) format. Registration number, Date first seen, Supervising Consultant's name and his/her signature should be shown on the opening page of each record. All records should be endorsed by the concerned supervisor and organized under the following heads:

- Socio-demographic data
- Presenting complaints
- Summary of the case (history of present illness, significant past history, family history, personal history, pre-morbid level of functioning and findings on Mental Status Examination)
- Diagnosis
- Sociocultural and contextual factors including client's life situation
- Short- and log-term management
- Rationale for the intervention
- Specific areas to be focused including short- and long-term objectives
- Type and technique of intervention(s) used
- Therapy processes
- Changes in the type of therapy, approaches or objectives (if any, and reasons for the same)
- Outcome
- Goals to be achieved in short- and long-term follow-up
- Future plans

PSYC2R1: Research Thesis

(Credit points: 5, Credit hours: 30 x 5 = 150)

Guidelines for Submitting Research Thesis

Three (hardbound) copies with one softcopy on pen drive should be submitted in print (use double line space, and Times New Roman 12) format. All records should be certified by the concerned Guide and Co-guide (where applicable) and forwarded by the Head of the Department under sign and seal.

A Declaration by the researcher that the present work is the product of his/her own efforts, carried out under the guidance of the supervisor/s mentioned and doesn't form a part of any other degree in the past, shall be inserted prominently in all copies.

The Thesis shall be organized under the following heads:

- An Introduction to the work
- Review of literature in the form of different Chapters (up to 4, depending on the nature of research area)
- Methods (Aim/s and objectives, Hypotheses, Sample (with inclusion and exclusion criteria), Sampling technique, and Sample size (procedure followed to determine) and Study design
- Description of the tools/measures employed including those developed for the purpose of the study, the steps followed for modification or translation of the original tool, if any,
- Procedure followed step by step and in detail
- Statistical analysis carried out and the software employed
- Results (using only one format)
- Discussion (restricting to the data in hand)
- Conclusion and implications (without grandiose claims)
- Summary (crisp and in IMRD format)
- References (APA guidelines)
- Appendix – Copy of the following should be attached:

a) Consent form
b) Ethical committee clearance
c) Permission granted by the center/s for data collection
d) Tools employed in the research
e) Purchase bill or permission by author/s, or copyright waiver to use the tools
f) Declaration with regard to '**conflict of interest'**
g) Copy of the report generated for plagiarism screening using approved software by the concerned university.

Year – 3

Advanced Proficiency in Subspecialties (Elective - 1 and 2)

In Year-3, trainees are required to complete an advanced proficiency training in two specialty areas depending on his/her interest (hereafter referred to as "Elective – I" and "Elective – II"). A trainee can select any two specialty areas from the list appended below. Duration of the training in each elective is for six months.

The objective of specializations is to create discipline-specific experts guided by a set of professional praxis – ethically responsible, theoretically-informed and research-based practitioners.

On completion of proficiency in subspecialty, trainees are required to demonstrate knowledge and skill in empirically supported diagnostic and therapeutic procedures related to the specialties. In addition, trainees are expected to have synthesized relevant concepts, theories, methods and challenges in the chosen specialty. By the end of third year trainees should be ready to assume clinical responsibility in two specialties and act as specialist in selected service domains and offer consultation to colleagues from other specialties in problems related to these electives.

In case of inadequate facilities at the parent institute in respect of a specialty of trainees' interest, the center has the option of posting such trainees to the center/facility outside its own for a maximum period of six months in the Year-3 (three months in each electives, or six months to cover one elective entirely). In such instances, the center shall ensure training in the required area/s take place under the supervision of qualified professional/s at the host center. Trainees' involvement in academic/service activities, his/her performance as well as professional competency acquired are rated and certified by supervising professionals.

Keeping in mind the comprehensive nature of specialty training and the level of skill trainees must attain, the concerned discipline experts at the center assume responsibility, as deemed fit, to create relevant learning environments, instructional activities and practical experience for trainees posted. The advanced course should also give the trainees knowledge and skill in formulating appropriate research questions/hypotheses in the area to plan and carry out a research in the course of his/her training.

Final evaluation in the elective areas may consist of long and short essays targeted at assessing theory as well as applied knowledge, and practical examination involving working-up and evaluating cases with varying clinical issues, for assessing professional praxis and ethical sensitivity.

Specializations (Electives)

1. Autistic spectrum disorder
2. HIV/AIDS
3. Behavioral medicine
4. Cardiac rehabilitation
5. Clinical child and adolescent psychology
6. Clinical neuropsychology
7. Palliative care
8. Community mental health
9. Crisis interventions
10. Forensic clinical psychology
11. Geriatric psychology
12. Human sexuality and dysfunctions
13. Marital and family therapy
14. Neruodevelopmental disorders
15. Chronic pain
16. Traumatic brain injury
17. Infertility
18. Psychooncology
19. Rehabilitation of chronic mentally ill
20. School mental health
21. Substance use disorder
22. Chronic kidney disease
23. Obsessive-compulsive disorders
24. Burns injury
25. Psychodermatology

Syllabus:

1) Two courses (theory component) in each elective titled as:

    A. Key concepts, techniques and interventions
    B. Recent advances and professional development

2) Intervention skills in each elective as practical component

3) Clinical Placements of 6-month duration in each elective as practical and experiential learning

4) Five video recordings (masking the face and no more than one recording per client) of treatment sessions related to each elective along with printed records as described elsewhere to assess the therapy skills and competency.

PSYC3C1: Key concepts, techniques and interventions (Elective-1)

(Credit points: 6, Credit hours: 15 x 6 = 90)

Unit – I: Discipline area knowledge
Unit – II: Historical development
Unit – III: Core concepts
Unit – IV: Major theories
Unit – V: Models and techniques
Unit – VI: Evidence-based interventions

PSYC3C2: Recent advances and professional development (Elective-1)

(Credit points: 6, Credit hours: 15 x 6 = 90)

Unit – I: Critical appraisal of existing literature
Unit – II: Recent advances
Unit – III: Newer knowledge
Unit – IV: Contextual and cultural issues in interventions
Unit – V: Legal/ethical issues in service delivery
Unit – VI: Clinical competencies and professional development

PSYC3C3: Key concepts, techniques and interventions (Elective-2)

(Credit points: 6, Credit hours: 15 x 6 = 90)

Units (I - VI) are essentially same as in Elective-1

PSYC3C4: Recent advances and professional development (Elective-2)

(Credit points: 6, Credit hours: 15 x 6 = 90)

Units (I - VI) are essentially same as in Elective-1

PSYC3P1: Intervention skills as related to Elective-1 and Viva Voce

(Credit points: 5, Credit hours: 30 x 5 = 150)

Aim: Depending on the nature of specialty (elective chosen) problems or needs range from minor adjustment issues to serious mental health problems. Trainees work as member of multidisciplinary team and offer consultation and services in the chosen discipline.

Advances in the biomedical and the behavioral sciences have paved the way for the integration biopsychosocial approach. Dealing with health and illness overtakes looking for the presence or absence of the disease and infirmity. The clinical role of psychology internee as health providers is diverse with the varying areas of care giving (primary, secondary and tertiary care) and a variety of subspecialties. Overall, clinical and psychometric assessments and interventions using a range of evidence-based approaches for individuals, families, and groups that are targeted towards behavioral dysfunctions resulting from, or related to physical and mental health infirmity are some of the skills utilized in the specialty

settings. In addition, trainees get opportunities to play a major role in the promotion of healthy behavior, preventing diseases and improving patients' quality of life. They perform their clinical roles according to rigorous ethical principles and code of conduct. The end posting evaluation of the intervention skills in each elective would keep this as focus.

PSYC3P2: Intervention skills as related to Elective-2 and Viva Voce

(Credit points: 5, Credit hours: 30 x 5 = 150)

Aim is essentially same as in Elective-1

PSYC3P3: Clinical Placement – 4 (Elective-1)

(Credit points: 10, Credit hours: 10 x 30 = 300)

Clinical Placement – 4 is the first half of the Year-3 and commence in line with academic session. Trainees focus on acquiring professional competency in Elective-1 areas working as a part of multidisciplinary team in a specialized setting.

Placements in specialty area provide a unique opportunity to interact and get clinical supervision by senior specialists enhance trainees' expertise in a chosen specialty. This is also an opportunity to explore whether their interests and abilities are aligned with the chosen field. On successful completion of the placement a trainee is required to demonstrate comprehensive discipline-specific expertise to plan and carryout an advanced empirical research in Year-4. Senior specialists at the Center provide appropriate learning opportunities and practical experience to facilitate proficiency training.

Areas of evaluation (by specialists/discipline experts at the Center who is responsible for clinical supervision of the services activities) at the end of the posting include:

a) Discipline-specific knowledge
b) Historical developments
c) Core concepts and their application
d) Theories and models
e) Recent advances
f) Evidence-based interventions and best practice guidelines
g) Legal/ethical issues involved in short- and long-term management

PSYC3P4: Clinical Placement – 5 (Elective-2)

(Credit points: 10, Credit hours: 10 x 30 = 300)

Clinical Placement – 5 is the second half of the Year-3 and commences from the date placement-4 ends. Trainees focus on acquiring professional competency in Elective-2 areas working as a part of multidisciplinary team in a specialized setting.

Other descriptions is essentially same as in Elective-1

PSYC3P5: Video Recording of Therapy Session (Elective-1)

(Credit points: 3, Credit hours: 30 x 3 = 90)

Instructions: Five video recording of treatment sessions related to Elective – 1 along with printed records as described below to be submitted. Ensure the proper consent is obtained and face identity of the client is masked during the editing. Submit no more than one recording per client.

1) Current diagnostic formulation: In this section the trainee reviews the current ICD diagnostic impression of the client, describes the client's personality, strengths weaknesses, diversity issues, legal and ethical issues in the case and theory about what is causing the ICD condition(s).

2) Conceptualization of the intervention plan: In this section, the trainee reviews literature that supports the treatment model that is being employed with the client and his/her conceptualization of the intervention plan and comments on the prognosis, difficulties that may be encountered in the successful completion of the planned intervention and ways to mitigate them.

3) Description of the video recorded session: This section would include elements such as; the session number, goal for the session, session content, the value of the session within the overall treatment plan, process comment, transference and counter transference involved in the case, and the trainee's thinking on the success of the session.

PSYC3P6: Video Recording of Therapy Session (Elective-2)

(Credit points: 3, Credit hours: 30 x 3 = 90)

The description is essentially same as given in Elective-1

Year – 4

Syllabus:

1. One-year Rotation Internship
2. Doctoral Dissertation

PSYC4P1: Rotation Internship

The internship posting in Year -4 is for 1-year duration consists minimum 2000 hr. of capstone clinical experience under a senior professional clinical psychologist who may or may not be a faculty member.

The aim of the internship is to:

1. Apply knowledge and skills acquired during three years of studies to clinical practice and develop a realistic sense of competence in assessment and psychotherapy skills with a wide range of client populations through involvement in diversified inpatient and outpatient activities.

2. Round off studies/training with a strategic plan for the professional development drawing on the experience obtained from previously completed years.

3. Demonstrate mature, ethical, judgmental, clinical and administrative skills needed for independent clinical practice.

4. Understand the role of practitioner in mental health care delivery system and to be aware of the practical issues in mental health care management facing patients and professionals.

5. Develop leadership and consultative skills within a mental health setting, and function as part of a multi-disciplinary treatment team.

6. Collect specific data for empirical research thesis.

Placement

The department is responsible for finding placement for trainee's internship. If the trainee already has a service center fitting the requirements for internship; it can be carried on with the approval of the supervisor of the thesis and the head of the department.

The completion report of the internship is due in a 10 days following the last working day of internship and should include description of the center where internship was carried out, aim and objectives of the internship, practical circumstances, precise description of the duties on daily basis, difficulties faced in work set up, what the trainee learned and accomplished, the effectiveness of doing the internship and an evaluation of the experience.

Rotation

The trainee completes four major rotations, each lasting three months, and typically consisting of assignment to adult and child mental health facilities. The rotation sequence should focus on refining clinical skills and provide opportunities for conducting clinical and psychometric assessments; providing group, family and individual psychotherapy; and participating in service activities as part of multidisciplinary treatment team.

Trainees may explore sub-specialty areas through minor rotations of two to three weeks' duration, with the permission of the concerned head of the facility. Efforts shall be made by the concerned HOD to assign supervisors based on trainee's interests with respect to therapeutic modality and patient population. From each posting trainees have to obtain an evaluation report from concerned supervisor based on his/her performance and contribution to service activities. These reports have to be submitted to the board of examiner on final exam along with an internship experience report and an empirical research thesis carried out during the internship period.

Evaluation:

Satisfactory completion of a year-long rotation Internship as described above.

The supervisor responsible for each of the rotation postings will grade the trainee based on his/her performance during the posting in the following domains

.

Grading:

1 – Very weak

2 – Weak

3 – Adequate

4 – Strong

5 – Very strong

Domains to grade:

1. Assessment skills _____
2. Working alliance with the client/family _____
3. Clinical conceptualization of the case _____
4. Intervention skills _____
5. Documentation skills _____
6. Ability to integrate research with practice _____
7. Understanding of ethical guidelines _____
8. Professional conduct and alliance with team members _____

Evaluation Result: ***Satisfactory / Not Satisfactory***

Criteria: Grade less than 3, in three or more domains is considered ***"Not Satisfactory".***

The trainee has to repeat the posting in which he/she has been graded ***"not satisfactory"*** for the same duration and obtain satisfactory grades before he/she is declared to have successfully completed the rotation internship.

PSYC3R1: Research Dissertation

An empirical research Dissertation in Year-4 is a scholarly undertaking in one of the elective areas the trainee has chosen to acquire advanced proficiency. The project shall be in the form of original research involving a clinical hypothesis, an evaluation of a technique/method/approach, developing norms, or standardizing a tool. In short, the dissertation is meant to demonstrate the trainee's ability to think critically about the clinical issues and to make appropriate use of scientific knowledge and psychological research in professional practice.

The candidate initially develops a project proposal with consent of the Guide and presents during the departmental meeting. On approval by the faculty members and an ethical committee clearance the trainee carries out the work as per approved synopsis, under the guidance of a faculty member with Ph.D./Psy.D. having minimum 5 years or more of post-doctoral clinical/ research experience. If the research work is of interdisciplinary nature requiring input/supervision from another specialist, co-guide/s from the related discipline may be appointed as deemed necessary.

It is desired that the trainee has already published some part of the data in peer reviewed journal or being submitted or in the process of submitting for publication.

Evaluation: ***Accepted / Not-Accepted***

Upon completion of the work and approval by the guide the trainee submit required number of copies (usually four) two months prior to exam and makes a final presentation to the board of examiners on the day of exam. The thesis should be "Accepted" at least by two out of three examiners before the trainee is declared to have passed this component of the training. In case of non-acceptance by two or more, the trainee has to comply with the shortcomings pointed out by the examiners and/or discussed at the time of oral presentation, and resubmit the revised thesis or rework on the problem, as case may be, and reappear in the next exam.

Template for Evaluating Academic Activities

Guidelines for **Submitting** Full-length Psychodiagnostic Records

Number of Psychodiagnostic Records: **Five**

Format: Records should be submitted in print (double line space) and bound (all records together) format. Hospital Registration Number, Date first seen, Supervising Consultant's name and his/her signature should be shown on the opening page of each record. The relevant test protocols should be submitted separately in a file. The records should include a summary of the clinical history organized under the following heads:

- Socio-demographic data
- Presenting complaints
- History of present illness
- History of past illness (if any)
- Family history
- Personal history
- Pre-morbid personality
- Relevant findings on physical examination
- Findings on MSE
- Diagnostic formulation
- Differential diagnosis

Should include a discussion (in detail) on the:

- Rationale for psychological testing
- Area/s to be investigated
- Tests administered (mention full title of the tests/scales etc.) and rationale for their use
- Behavioral observations during testing and overall validity of the test results
- Test findings and their interpretations
- Impression

A summary of the test results and the management plan (including suggestion/s if any) should be incorporated at the end of each record.

Guidelines for **Evaluating** Full-length Psychodiagnostic Records

Max. Marks: 100 (Internal Evaluation only)

1.	Psychiatric history & MSE	20 Marks
2.	Differential Diagnosis (including diagnostic formulation) -	10 Marks
3.	Discussion on the rationale for Psychometry –	10 Marks
4.	Selection of the tests and justification –	10 Marks
5.	Discussion of the test findings –	40 Marks
6.	Conclusion/Summary/Suggestions –	10 Marks

Total 100 Marks

Guidelines for **Submitting** Psychotherapy Records

Number of Psychotherapy Records: **Five**

Format: Should be submitted in print (use double line space) and bound (all records together) format. Hospital Registration Number Date first seen, Supervising Consultant's name and his/her signature should be shown on the opening page of each record. All records should be endorsed by the concerned supervisor and organized under the following heads:

- Socio-demographic data
- Presenting complaints
- Summary of the case (history of present illness, significant past history, family history, personal history, pre-morbid level of functioning and findings on MSE)
- Diagnosis
- Reasons for taking up for the intervention
- Specific areas to be focused including short- and long-term objectives
- Type and technique of intervention(s) used
- Therapy processes
- Changes in the type of therapy or objectives (if any, and reasons for the same)
- Out Come
- Future Plans

Guidelines for **Evaluating** Psychotherapy Records

Max. Marks: 100 (Internal Evaluation only)

1. Description of the case (background and psychiatric history of the case) – 10 Marks

2. Discussion on the need and rationale for psychosocial intervention – 15 Marks

3. Objectives of therapy (short- and long-term goals outlined) – 10 Marks

4. Therapy Processes – 40 Marks

a) Description of the Initial Phase: (10 Marks)
b) Description of the Implementation and handling of difficulties (such as, ethical and cultural issues/conflicts, maintaining confidentiality, therapeutic alliance, affordability of the therapy session, if any) during the therapy processes: (25 Marks)
c) Discussion of the Termination of the therapy: (5 Marks)

5. Description of the Outcome and future Plan – 10 Marks

6. Overall presentation (Relevance, Clarity, Organization and Adequacy) - 15 Marks

Guidelines for **Submitting** Dissertation

Number of Copies: **Three (Hardbound) Copies along with one Softcopy on a CD**

Format: Introduction, Review of literature in the form of different Chapters (up to 4, depending on the nature of research area), Methods (Aim/s and Objectives, Hypotheses, Sample and method of sampling (with inclusion and exclusion criteria), Study Design, Description of the Tools employed including those developed for the purpose of the study, the steps followed for modification or translation of the original tool, if any, Procedure in detail, Statistical Analysis), Results, Discussion, Conclusion, Summary, References, Appendix (copy of the consent form, copy of ethical committee clearance, permission granted by the center/s for data collection, copy of all tools employed in the research, copyright waiver or purchase bill or permission to use the tool in the study (eg. APA's permission) 'no conflict of interest' declaration, and a copy of the report generated for plagiarism screening using an approved software.

Guidelines for **Evaluating** Dissertation

Internal Evaluation by the Guide

Max, Marks: 30

Name of the Candidate: _____, Reg. No.:_____

Name of the Guide:_____, Date:_____

Circle **Y/S/N** for each item. **Y = Yes (2), S= Sometime (1), N = No (0)**

1) Has sharp focus that defines the area of inquiry in which he/she works: Y / S / N

2) Academic poise (skepticism about knowledge claims, self-criticism &doubt): Y / S / N

3) Intimately familiar with, and knowledgeable about both the classical and the most recent literature in the area of inquiry: Y / S / N

4) Articulates about his/her area of inquiry and can speak with authority and clarity about what it is he/she researches, why and with what hypotheses: Y / S / N

5) Showed resoluteness in seeking deep explanations for events/findings: Y / S / N

6) Observed to be passionate about what s/he studies: Y / S / N

7) Productive through published and presented research: Y / S / N

8) Follows strong professional ethics and rooted in honesty about the own work: Y / S / N

9) Seen accepting constructive criticism giving others proper credit: Y / S / N

10) Persisted despite repeated dead end, delays, criticism, rejection in the course of investigation: Y / S / N

Considering everything how do you evaluate the Candidate's passion for research and his/her competitiveness on a scale of 0 – 10? _____

Total Marks Awarded: _____(in words) _____

Signature of the Guide: _____

Guidelines for **Evaluating**

Dissertation (External Examiner)

Max. Points: 70

1. **Introduction** –

   Point - 05
   The section introduces the reader to the background and nature of the current research, and chapter wise content of the dissertation submitted.

2. **Review of Literature** –

   Point - 10
   Up to 4 Chapters, depending upon the nature of research area may be expected. Chapters should include latest references and be based on thorough search of the existing literature. Review must reflect unbiased, full and in-depth understanding of the subject of research and shall include relevant research already done, the gap, disparity, disagreement and divergence that exist in knowledge domains. This section should enable the researcher to place the research topic within its context and justify its value to the existing sum of knowledge.

3. **Methods –**

   Point - 15
   a) Aim, objectives, and hypotheses have been outlined clearly and precisely?
   b) Are these relevant and coherent?
   c) Is the research question significant and important?
   d) Is the study design appropriate for the stated aim/objectives, and fully examine the hypothesis?
   e) Approval of ethical committee has been obtained?
   f) Sample – size and power determined scientifically?
   g) What sampling technique employed in experimental and control groups?
   h) Is the sampling technique valid for the stated aim of the study?
   i) Is the sample selected representative of the population to which generalizations are made?
   j) What procedures were adapted to control (or to minimize) bias in allocation of subjects to various groups?
   k) Prior permission from the concerned official has been obtained before accessing the sample at centers, or any other data capturing?
   l) An informed written consent/assent has been obtained from participating subjects? Confidentiality and anonymity have been assured?
   m) Selection of instruments – appropriate to the objectives of the study?
   n) Instruments have been demonstrated as reliable and valid?
   o) Are the instruments adequately described with regard to scoring and interpretations?
   p) Procurement of instruments – rights/privacy/patent issue, if any, has been followed?
   q) Permission from the author/s or publisher for use of instruments has been obtained?
   r) Is the data obtained on these instruments publishable? Conflict of interest, if any, has been foreseen and handled adequately?
   s) Procedure followed in the study has been vividly described step-by-step?
   t) Did the researcher observe ethical rules?
   u) Statistical analysis carried out has been described adequately and the rationale discussed?
   v) Software package employed has been indicated adequately?
   w) Is analysis consistent with the hypotheses (questions asked at the beginning)?
   x) Are the statistical techniques employed appropriate to the nature of the data?
   y) Is the analysis adequate (includes all the relevant variables in the study)?
   z) Effects of extraneous variables have been taken into consideration and attempt has been made to control them in the analysis?

4. **Results -**

   Point - 05
   a) Are tables/figures lucid and unambiguous?
   b) Are captions and footnotes for each table/figures adequate?
   c) Is the description of tables/figures summarizes relevant/major/core findings?
   d) Where indicated the effects size is mentioned?

5. **Discussion -**

   Point - 20

a) Are the findings interpreted and synthesized logically and meaningfully?
b) Are the findings discussed in the background of the existing literature/knowledge?
c) Unexpected issues raised by the findings has been discussed and resolved adequately?
d) Contradictory findings are addressed un-bias and reasonable explanations are given?
e) Inferences drawn are rational and sound, and pertinent only to data on hand?
f) Importance of the data is highlighted and reservation/s, if any, are noted?
g) Shortcomings of the study discussed adequately?
h) Future directions are suggested, though in short?
i) Conclusions though tentative, are drawn?

6. **Summary –**

Point - 05

a) Reflects the study as whole?
b) Outlines briefly the aim, findings and their implications?
c) Mention the limitations of the study?

7. **References –**

Point - 05

a) Cited and quoted consistently as per known international style?
b) Omissions and commissions are taken care of?

8. **Appendix –**

Point - 05

a) Copies of all important documents such as, approval of ethical committee, authors' permission to use the tool/s, informed consent, permission for data collection, copy of instruments including those developed by the researcher along with the scoring system and norms, and statement on "conflict of interest" where necessary attached?

Guidelines for **Evaluating** Dissertation

Evaluation by the External/Internal Examiner

Max, Marks: 70

Name of the Candidate: _____, Reg. No.:_____

Name of the Examiner:_____, Date::_____

1) Introduction (Background and nature of current research) –	02 Marks
2) Review of Literature (Relevant research already done, the gap, disparity, disagreement and divergence that exists in knowledge domain) -	10 Marks
3) Methods (Aim, hypotheses, sample and sample selection, measures and their validity, procedure and method of data analysis) -	15 Marks
4) Results (Description of major and relevant findings, and summary of the core findings)-	08 Marks
5) Discussion (Meaningful discussion of the findings, rational and sound inferences, discussion of shortcomings and tentative conclusions)	25 Marks
6) Summary (Brief outline of the objective, findings and implications)	02 Marks
7) References(As per international style without omission & commission)	04 Marks
8) Appendix (All relevant documents such as approval of ethical committee, informed consent, statement of "no conflict interest" etc.)	04 Marks

Total Marks Awarded: _____(in words) _____

Signature of the Internal/External Examiner: _____

Comments:

Guidelines for **Evaluating** Patients' Care

Trainee's Name:.._____Year:_____

Name of the Evaluator: _____

A = Always (3) F = Frequently (2) O = Occasionally (1) N = Never (0)

* Reverse Score, Max. Marks: 100

	A	F	O	N
1. Fixes valid appointments and keeps track of them	☐	☐	☐	☐
2. Attends to appointment on time	☐	☐	☐	☐
3. Informs patient about the change of appointment, if any	☐	☐	☐	☐
4. Spends quality time with the Patient and family	☐	☐	☐	☐
5. Establishes and maintains a climate of trust	☐	☐	☐	☐
6. Concerned and empathetic to Patient and family	☐	☐	☐	☐
7. Sensitive to subtleties involved in Patient's care	☐	☐	☐	☐
8. Doesn't obtain valid consent from the concerned parties*	☐	☐	☐	☐
9. Discusses up-coming issues regarding diagnosis/management	☐	☐	☐	☐
10. Reads about the diagnosis before involving in management	☐	☐	☐	☐
11. Helpful to Patient and family	☐	☐	☐	☐
12. Breaks testing and/or therapy session, when in progress*	☐	☐	☐	☐
13. Carry out testing/ intervention without discussing with faculty*	☐	☐	☐	☐
14. Doesn't update Patient's record with required information*	☐	☐	☐	☐
15. Returns Patient's record soon after the entries	☐	☐	☐	☐
16. Handles equipment/test materials carelessly*	☐	☐	☐	☐
17. Works collaboratively with others	☐	☐	☐	☐
18. Accepts gifts and complimentary items from Patients/families*	☐	☐	☐	☐
19. Friendly with Patient/family beyond acceptable limits*	☐	☐	☐	☐
20. Irregular attendance or unauthorized absenteeism*	☐	☐	☐	☐
21. Takes initiative and responsibility in resolving problems	☐	☐	☐	☐
22. Provide leadership when occasion called for	☐	☐	☐	☐
23. Reliable when assigned with any responsibility	☐	☐	☐	☐
24. Communicates effectively and adequately	☐	☐	☐	☐
25. Show desire to learn more	☐	☐	☐	☐

	Very poor				Excellent
26. Overall effectiveness as a therapist	1	2	3	4	5
27. Ability to establish alliance with many type of patients	1	2	3	4	5
28. Commitment to treatment plan	1	2	3	4	5
29. Flexibility in treatment schedule	1	2	3	4	5
30. Sensitivity to patient's cultural background	1	2	3	4	5

Signature of Consultant: _____, Total Marks (out of 100) _____Remarks:

Guidelines for **Evaluating** Faculty Members

Dear Trainee, please assess the effectiveness of overall teaching input by the indexed faculty member. Your honest feedback is appreciated. Your comments will help us in enhancing our efforts to make your learning professionally effective and relevant. You can consider the Teacher's input in the classroom situation, while chairing/supervising your academic assignments such as case conference, journal review, seminar etc. and supervision offered at clinical setting during case workups, assessment and therapy session as basis for your aggregate rating. The responses are confidential and anonymous. (Don't write your name on this!)

Faculty Name:……

Write Y/S/N for each of the statement below.

(Y = Yes (2), S = Somewhat (1), N = No (0))

1) Presents with clarity and coherence? ____
2) Balances lecture, discussion and presentation? ____
3) Summarizes the topic, at the end? ____
4) Handles student discipline fairly? ____
5) Allots time for discussion? ____
6) Shows the required grip on the topic? ____
7) Helps make topic interesting by relating to things you know already? ____
8) Uses visuals such as chalkboard, maps, handouts etc.? ____
9) Fair-minded and show no bias? ____
10) Concerned about your learning /success? ____
11) Explains concept? ____
12) Makes feel comfortable with the topic? ____
13) Discusses application aspects of the concepts? ____
14) Clarifies doubts? ____
15) Provides a framework for presentation? ____
16) Provides relevant references? ____
17) Helps in tackling the questions likely to be asked during presentation? ____
18) Available for discussion? ____
19) Discusses divergence view that exists in knowledge domain? ____
20) Accept constructive criticisms? ____

A) Considering everything how would you evaluate this Teacher's input/support on a scale of **0 - 10?**

B) Do you have suggestions how s/he could improve? Write below and continue overleaf.

Guidelines for **Evaluating** Presentation at the Case Conference/Therapy Meeting

Presenter: ……..……, Supervising Consultant:....., Date: ……

Problem (20 Marks): Awarded ( )

- Client's identification (anonymized) (age, gender, religion, education, marital status, occupation)
- Presenting problem/s (current and history)
- History of presenting problem and related issues
- Treatment history (medication, psychotherapy, other interventions)
- Past history of mental and physical illness, if any
- Family history (including history of mental and pertinent physical illness)
- Personal history (developmental, educational, occupational, relational)
- Pre-morbid functioning (description of personality functioning and use of any substances)
- Current circumstances and functioning (living arrangement, relationships, work, social support, religious and leisure activities)
- Strengths and resources
- Mental status
- Relevant findings on physical examination

Clinical Diagnosis: (15 Marks): Awarded ( )

- The reported problem has been identified and defined in psychological terminology?
- Available information has been used to determine or at least develop certain hypotheses?
- Has the information been formulated and a reasonable diagnosis has been suggested?
- Differential diagnoses have been proposed with points in favor and against?

Assessment: (20 Marks): Awarded ( )

- Rationale for assessment (including area/s to be investigated)
- Is the assessment specific (focused on or pertinent to clinical interventions such as screening issues, addressing co- morbidity, case conceptualization, treatment planning, treatment monitoring, and treatment evaluation)?
- Are the measures employed sensitive to change?
- Is the assessment evidence-based?
- Is the assessment findings interpreted adequately?
- Has assessment been incorporated into case formulation?

Treatment: (20 Marks): Awarded ( )

- Overall formulation of the problem using basic behavioral and cognitive-behavioral principles is adequate?
- A functional analysis has been outlined after considering antecedents and consequences?
- Causal mechanism/s that appeared to be maintaining client problems elucidated?
- The bigger picture of the client's life and how problem areas might be inter-related has been discussed?
- Is the proposed treatment/technique evidence-based and empirically supported?
- Is it based on client's need and functional outcome?
- Therapeutic context (alliance, expectations of change, impact) and other process variables have been identified and discussed in terms of symptom change (immediate, intermediate and ultimate)?

Ethical and cultural issues (10 Marks): Awarded ( )

- An understanding of ethical and cultural implications of the case has been communicated and indicated what precautions need to be taken in the proper management of the client?
- Read between the lines and suggest issues and challenges that would need to be considered, such as danger of abuse, risk of suicide and so on?

Presentation and Communication skills (15 Marks): Awarded ( )

- Clarity in presentation
- Fluent speech
- Smooth delivery
- Handling queries
- Handout printed without errors and complement what is verbally presented
- Time management

Name & Signature of the Consultant: _____

Marks Awarded (Max. Marks = 100): _____

Suggestions:

Guidelines for **Evaluating** Presentation at the Seminar/Topic Discussion

Presenter……..:……,
Title of the Presentation ….:……

I. *Content (40 Marks):* *Awarded ( )*

Was the content informative and coverage adequate? Was there sufficient use of logic, facts and examples? Was the presented information pertinent to the specific topic?

II. *Organization (30 Marks):* *Awarded ( )*

(a) Introduction:

Did the speaker get attention and the topic clearly stated? Did the presenter preview and give focus to the key ideas?

(b) Body:

Were divisions clear and appropriate to the topic? Was there a logical progression of ideas?

(c) Conclusion:

Did the speaker tie the speech together and presented a note of finality? Did the presenter answer the questions with clarity? Did the presenter respond and react well to the questions?

III. *Delivery (20 Marks):* *Awarded ( )*

(a) Language Style:

Did the presenter exhibit command of conversational style? Was the language suitable to informing the audience? Was the language precise, grammatically correct, and vivid?

(b) Vocal Delivery :

Was enunciation clear and easy to understand? Was there sufficient variety in rate, pause, and pitch?

(c) Physical Delivery:

Did the presenter exhibit poise and confidence? Were gestures varied, movement motivated, and eye contact direct? Was the number of slides adequate? Were the slides evenly loaded and the text readable?

IV. *Handout (10 Marks):* *Awarded ( )*

Was the handout circulated on time and the synopsis adequate to grasp the topic? Were all relevant references listed as per IJCP format? Was it free of grammar and spelling mistakes?

Total Awarded (_____)

Evaluator……:…….……..,
Date:…..... ,
Indicate below Area/s for Improvement:

Guidelines for **Evaluating** Presentation at the Journal Club

Presenter: ……..,
Chair: ……..……., Date: …….

1. Presentation of the Research Article: (30 Marks) Awarded ( )

- Explains: Aim of the Study, Methods, Results (including relevant statistics)

2. Review of the pertinent primary literature: (20 Marks) Awarded ( )

- Identifies other recent article on the same topic/in the same area
- Primary literature is condensed by collating similar data (tables and graphs may be used)
- Primary literature data is correctly summarized
- Trainee elaborates on any major attributes or deficiencies of these data. If none are present, this is stated

3. Evaluation of the research being presented: (30 Marks) Awarded ( )

- Identifies strengths and weaknesses of the methodology and/or conduct of the trial
- Assesses and critiques the statistical analysis
- Draws own conclusions and contrasts them with authors(s)
- Trainee's own conclusions about the trial are correct

4. Ability to answer questions: (Marks: 10) Awarded ( )

- Answers are logically presented
- Answers are accurate
- Trainee can think on his/her feet - may theorize if unsure of answer, but indicates such

5. Delivery of Presentation

A) Organization & Preparedness (5 Marks): Awarded ( )

- ☐ Is well-prepared (does not reread article or look at the Chair)
- ☐ Introduces presentation (tells what she/he is going to tell) and summarizes presentation (tells what she/he told)

B) Presentation & Communication Skills (5 Marks): Awarded ( )

- Confidence is apparent, Direct eye contact, Proper rate of speech, Appropriate pitch of voice Absence of obvious nervousness (trembling voice; restless movements), Professional phraseology

- Printed and audiovisual materials are accurate, clear and effective (complement what is verbally presented)

Signature: _____, *Date:* _____

Total Marks _____ **and Comments** (continue overleaf)

Student's Exit Survey

Dear Trainee, the objective of this Survey is to seek your candid assessment regarding the various learning aspects of your program (M.Phil/PDCP/Psy.D.). The information from this survey will be analysed and used to identify the areas of improvement. Your direct and frank opinion would go long way in improving the quality of professional education at the Centre.

Sl.No.	Statements	Not at all agree	Somewhat agree	Neither agree nor disagree	Agree	Strongly agree
1	I am able to define, summarize core concepts in mental health and apply them in multicultural context.					
2	I am able to describe and critically analyse issues and challenges in mental health					
3	I am able to acquire and evaluate new knowledge through research methods in the field of Clinical psychology					
4	I have ability to identify, define, investigate, and solve critical issues in the areas of mental health					
5	I can think of using IT tools and technologies in service delivery					
6	I am able to use various IT tools and technologies for data processing and analysis.					
7	I have ability to critically think and apply range of strategies for solving a problem and decision making.					
8	I can communicate proficiently verbally and in writing in Professional domains.					
9	I am good in information searching and making presentation in the areas of mental health and illness which have global and cross-cultural implications.					
10	I think, I am a quite good listener in professional settings such as clinics, training institution, etc.					
11	I have global outlook; able to understand global issues from different perspectives.					
12	I learn from and respect different cultures, values, and gender orientation					
13	I am able to apply different forms of communication in different cultural settings.					
14	I understand and practice the highest standards of ethical behaviour associated with mental health issues					
15	I have basic professional skills to be employable in the many areas of mental health services					
16	I possess entrepreneur skill and always find opportunities to start clinic or institution or professional training centres					
17	I am inquisitive and believe in life-long learning.					

18	I am competent to acquire knowledge on my own through various sources.					
19	I am overall satisfied with the methodologies and pedagogical tools used by my faculty during my training.					
20	I find the curriculum and content area/s followed are contemporary and relevant to the field of mental health					
21	I got ample opportunities for Interaction in various settings such as Clinics, Community, Schools etc.					
22	I am satisfied with the Internship facility provided to me.					
23	I am satisfied with Infrastructure at the Centre.					
24	I am overall satisfied with the faculties who taught me.					
25	I am overall satisfied with the Programme offered.					

Thank you for taking time to complete this survey. We appreciate your opinion and suggestions.

Outcome Rating Scale (ORS)

Name: _____, Age_____, Sex_____, Date:____

Session: _____

Who is filling out this form? Please check one: Self _____ Other _____

If Other, What is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

Individually

(Personal well-being) ---------I---------- I

Interpersonally

(Family, close relationships) --I---------- I

Socially

(Work, school, friendships) ----I---------- I

Overall

(General sense of well-being) I---------- I

Session Rating Scale(SRS)

Name: _____, Age _____ Sex

_____Date_____ Session_____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not fee heard, I felt heard understood, and and respected. understood, respected.

---------I---------- I

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about. We worked on and talked about what I wanted to work on and talk about.

---------I---------- I

Approach or Method

The therapist's approach is not a good fit for me. The therapist's approach is a good fit for me.

---------I---------- I

Overall

There was something missing in the session in the session today. Overall, today's session was right for me.

---------I---------- I

Child Outcome Rating Scale (CORS)

Name_____ Age _____ Sex_____ Date_____
Session_____
Who is filling out this form? Please check one: Child ___ Caretaker_____
If caretaker, what is your relationship to this child?_____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. If you area care taker filling out this form, please fill out according to how you think the child is doing.

Me

(How am I doing?)

Family

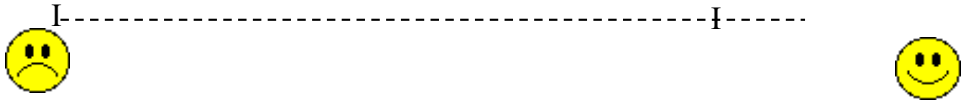
(How are things in my family?)

School

(How am I doing at school?)

Everything

(How is everything going?)



Child Session Rating Scale (CSRS)

Name_____ Age _____ Sex: _____

Session _____ Date:_____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

did not always listen to me. ---------I---------- I listened to me.

How Important

What we did and talked about was was not really that important to me. I----------I What we did and talked about were important to me.

What We Did

I did not like what we did today. ---------I---------- I I liked what we did today.

Overall

I wish we could do something different. I hope we do some kind of

things next time.

---------I---------- I

Intentionally left blank